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LECTURES
ON THE
THEORY AND PRACTICE OF MEDICINE;
NOW IN COURSE OF DELIVERY AT THE
THEATRE OF ANATOMY AND MEDICINE,
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&c., &c.

THE NERVOUS SYSTEM AND ITS DISEASES IN ADULTS.—*Functions of the cerebral and of the excito-motory systems; anatomy of the spinal marrow; difficulty of detecting organic changes in the brain.* ENCEPHALITIS.—*Divisions and symptoms of the disease; explanation of its symptoms; morbid anatomy of meningitis; of myelitis; treatment.* CONGESTION AND CEREBRAL HÆMORRHAGE—*Symptoms; effect; treatment. Tubercles of the brain, and their symptoms. Scirrhus and encephaloid tumours. Hypertrophy and atrophy of the brain. Mania, its varieties and causes.*

GENTLEMEN:—Within the short space of one month I have seen five cases of *croup-like convulsion*. *All* have yielded to the remedies which I have described as being of such value in this disease, if only timely administered.

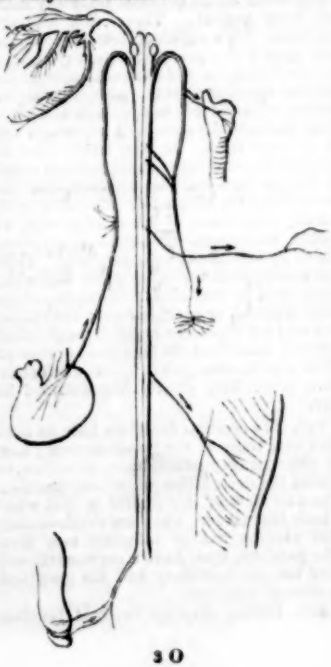
752. Three of these cases were of short duration. Strabismus, with *dysury*, in one, contracted fingers in another, foreboded the crowing inspiration. Both yielded to free and repeated scarification of the gums, and a strictly regulated diet, and state of the bowels.

753. In the *fourth* case it was feared that effusion had taken place into the ventricles. There were strabismus, a retracted head, a state almost of opisthotonos, contracted fingers and toes, attacks of fright, suspended respiration, obvious spasm of the muscles about the throat, and crowing. These fearful symptoms ceased on the most free and repeated scarification of the gums, a diet of asses' milk, and a free state of the bowels, with the tinctura hyoscyami.

754. In the *fifth* case there was obvious danger of asphyxia, contracted pupils during the paroxysms, and dilated pupils afterwards, and a state of emprosthotonos. A change of air suddenly removed the disease, which seemed to linger during the use of the other remedies. The case arose, apparently, from a state of torpor or constipation of the bowels.

Remember my remarks relative to the subject of teething, and of scarification of the gums, § 562, and let the former be observed accurately, and the latter employed in an efficient manner.

Allow me, in dismissing this interesting subject, to call your particular attention to the subjoined sketch:—



It *depicts* the *croup-like convulsion*. It represents to the *eye*, for the first time, the anatomical relations of the *causes*, and their immediate *effects* in this interesting disease. The *arrows* denote and distinguish the incident, excitor nerves, through which those causes act; and the reflex motor nerves, through which the final effects are induced upon the muscular system. It must be *studied*, for it affords much subject for reflection.

I now proceed to treat of

THE NERVOUS SYSTEM AND ITS DISEASES IN ADULT AGE.

755. From infantile to adult age the *cerebral* system undergoes a gradual and progressive development; many of the phenomena of the *true spinal* system are, consequently *obscured*. But, I repeat, these latter are only obscured; they are not enfeebled or diminished. In the close of life, the true spinal functions are as energetic and as essential as in its dawn. I have already pointed out the mistake of M. Lallemand in reference to this point. § 302.

756. The functions of the cerebral system —sensation, perception, judgment, volition, voluntary motion, § 302, are gradually developed from infancy to adult age. It is the ψυχη, the animus, the soul, enthroned on an organisation which becomes gradually more and more perfect. These functions are *psychical*. How different from those of the true spinal or mere excito-motory system. By the former we *feel* external impressions, *perceive* external objects, *judge* of their properties, *wish* and *will* to approach and avoid them, and actually *move* by a *voluntary* effort to or from them. By the latter, when an external object induces an appropriate action in certain muscles, its ingestion into the animal frame is effected or prevented, without any cognisance of our mind or will, although sometimes with such concurrence shown by additional voluntary acts. Thus, the atmospheric air is inspired, while carbonic acid is excluded, without any voluntary, cerebral, or psychical act; the sphincters still act when the organ through which the soul manifests its faculties is removed. How extraordinary that these distinctions have never been clearly demonstrated before.

757. The cerebral functions have an influence over those of the spinal marrow; some of these, as respiration, have, therefore, received the designation of *mixed* functions. The true view of this matter is that which I have just given. They are excito-motory. But volition has an influence over them. The passions, also, have a certain influence over the excito-motory and the ganglionic system of functions.

758. During *sleep* the cerebral functions are in a state of repose, but the true spinal functions continue in activity and energy. In *coma*, the true spinal functions become eventually more or less impaired.

759. The true spinal functions appear to be entirely of a *vital* kind, as distinguished from what is psychical or sensorial. They are excited by appropriate stimuli, and preside over the acts of ingestion and egestion. Nothing can be more marked than the distinction between them and the faculties of the soul to which I have just alluded.

760. I do not wish to press the metaphysical argument beyond its legitimate application; I may, however, add, that this is the only view of the subject according to which the *individuality* of the sentient being can be maintained. Does *one* sentient being, when divided, become *two*?

761. Leaving this argument out of the question, the view which I take of the subject is the only one which enables us to remove the difficulty experienced by Legallois already noticed. § 245.

762. If another argument were wanting upon this subject, it would be that afforded by the case of M. Brachet, already quoted, § 259, and other cases of a similar kind, in which sensation *was* actually annihilated; and yet the true spinal excito-motory functions *did* continue. It is preposterous to say there *is* sensation in such cases. The sphincters, &c., act, therefore, upon another principle.

763. In *every* determinate motion of an extremity, *two* principles of movement are called into action:—1. Volition; 2. The excito-motory power. One of them may be deranged, diminished, annihilated, without the other.

764. If I grasp a cane, volition begins, the excito-motory power completes, invigorates, the act. Already I have presented you, § 247, with the fact of a patient partially paralytic of the arm and hand, being able to close his hand upon a cane, although he was unable to do so without that excitant.

765. Dr. Little gives the case of a patient who had the perfect movements of the lower extremities, but, on placing one of his feet upon the ground, an excito-motory contraction of the gastrocnemius was produced, and his heel was raised involuntarily.

766. Suction in the anencephalous fœtus is purely excito-motory; so is the action of the hand on placing an object in the palm; and it is this property which maintains the bird upon its wing, in its protracted flight, and the fish in the midst of the rapid stream.

767. Provision is made for these phenomena in the *anatomy*. The medulla oblongata is expanded on account of the many organs placed under its excito-motory influence. The enlargements of the medulla spinalis at the origin of the *brachial* and *crural* nerves, in some animals, are doubtless

destined for the same objects, and are more or less proportionate to the *quantity* of function, if I may use that term, in different species. These enlargements are so many noduses, as it were, of the true spinal system.

768. The force of muscular action in animals, is more in proportion to the violence of their *passions* than of their *volition*. Now, the passions act through the excito-motory system; this system is therefore proportionately developed. The carnivora have, consequently, a higher degree of ferocity, of muscular energy, and, probably, of true spinal development, than the herbivora.

769. In disease we have augmented or impaired volition, as in mania and in typhus; or of the excito-motory power, as in the effects of strychnine and of the hydrocyanic acid. What a vast field is open for cultivation.

770. In many diseases the influence of the excito-motory power, and of the passions, over acts of volition, is most obvious, as is also that of volition over the excito-motory power. Let the patient in chorea be directed to move his hand in a given manner; you will immediately observe the distorted movements produced by the disordered agency of the excito-motory power. Let the patient be agitated, his chorea is tenfold worse than before. The disordered actions of chorea are also aggravated by every act of the will; they subside, on the contrary, during sleep. I have this day seen a most distressing case of torticollis; when the patient is reposing, or asleep, the spasmodic action is greatly diminished; but, on every voluntary act, or motion of the body, and on any occasion of emotion, the spasm is augmented exceedingly.

In certain cases, both sleep and passion seem alike to induce attacks of diseases of the excito-motory system,—as of the croup-like convulsion in children, and of epilepsy in adults.

771. I must now observe that the phenomena of the excito-motory system like irritability, remain longer after decapitation, in very young animals, than in animals of adult age. This fact results from Legallois' observations.

772. I need not repeat that this able physiologist confounded the excito-motory function with sensibility. But, by interpreting his expression "of sensibility and voluntary motion," by that of excito-motory phenomena, his *facts* still remain, and are of great interest and importance.

773. Before I proceed any further with my account of the nervous system and its diseases in adult age, I will present you with a sketch of the arrangement of these diseases. I must first divide them, as I have done the nervous system itself (§ 3), into

I. *The Cerebral, or Sentient and Voluntary;*
II. *The True Spinal, or the Excito-motory*; and
III. *The Ganglionic, the Nutrient, the Secretory, &c.*

774. In our subdivisions of these diseases we must still be guided by those of the nervous system, given at length, § 215, and § 219, to which I must beg to recal your particular attention.

I must also recal your attention to a remark which I made in a preceding lecture, § 250, in reference to a division of the diseases of the *true spinal* system into the *centric* and the *eccentric*. To these last a recent statement of M. Andral is extremely applicable.—"How small is the number of organic changes *known*, in comparison of that of the lesions of which we are ignorant. Those cases in which, after death, we find something appreciable by the scalpel are the most common in regard to the other organs; with respect to the nervous system it is very different. The cases in which we meet with appreciable lesions are the most rare. This assertion may appear paradoxical to those who are only acquainted with *the three or four diseases observed in hospitals*. In a multitude of cases affecting the sensibility, the movements, or the intelligence, we discovered no lesion, or none in proportion to these functional derangements."

775. Eccentric epilepsy, traumatic tetanus, hydrophobia, &c. &c., leave no unequivocal uniform traces under the scalpel. The morbid appearances which have been observed are not constant, but occasional, *effects* of the disease. I shall presently bring before you the observations of M. Gendrin especially upon this point. We must study the *anatomy*, the *physiology*, the *symptoms*; we must distinguish the centric from the eccentric forms of these diseases, —their *effects* from the diseases themselves; and we must add to these points the all-important one of the therapeutics,—the study of the *causes* and *prevention* of paroxysms, &c. We shall thus be supplied with all the evidence of which the case admits, and be preserved from the errors of those pathologists who think the gross and brute mass of the morbid anatomy is everything. We shall also be led to distinguish between curable and incurable forms of the same disease, or rather between different diseases unfortunately bearing the same name. I heard an amiable physician of Paris contend that epilepsy was invariably incurable. He did not distinguish the *centric* cases of that disease found in hospitals, workhouses, asylums, &c., from the *eccentric*, so frequently treated, and cured too, in private practice. For your own comfort, and for your patient's benefit, I beseech you to study these things with care.

It is interesting to observe how the pathology confirms the physiology and anatomy.

776. The *cerebral* diseases affect primarily the cerebral functions, and the true spinal functions consecutively. The diseases of the true spinal system induce changes in the excito-motory phenomena, in the first place, and in the cerebral functions, in the second. The cerebral diseases are generally more insidious in their progress than the true spinal, because slight aberrations of the cerebral functions are less observable than similar affections of the true spinal; pain, vertigo, watchfulness, &c., are less striking than the slightest degree of convulsive movement or paralytic affection. It is on this account that the *first* symptom *observed* in cerebral disease is frequently one belonging to the true spinal system, especially *vomiting*, perhaps *strabismus*.

777. The true spinal diseases, especially those of eccentric origin, affect, in a remarkable manner, the set of functions which I have noticed as belonging to this system: those of the eye and eyelid; those of the larynx, of the pharynx; the respiration; the action of the expulsors and of the sphincters; that of the muscles designated by the term *tone*. Revolve in your minds the symptoms of epilepsy, of hysteria, of tetanus, of hydrophobia; the causes and phenomena of vomiting, of asthma, of abortion, of tenesmus, and of strangury, and you will be forcibly struck with the justice of this remark. On the other hand, every convulsive effort affects the brain with congestion and its consequences, of which a fatal coma or effusion are not the least frequent.

778. I shall now proceed to describe the individual diseases of the nervous system, beginning with their *causes*, external and internal, and passing on to the *symptoms*, primary and secondary, in their relation to the different subdivisions of the nervous system, the *morbid anatomy*, and the remedies.

I.—Of Encephalitis.

779. Encephalitis must be distinguished into,—

1. *Inflammation of the Membranes.*
   - *a. Of the summit;*
   - *b. Of the ventricles;*
   - *c. Of the base;* and
2. *Inflammation of the Substance.*
   - *a. Of the principal divisions of the cerebrum;*
   - *b. Of the cerebellum.*

The former of these might be distinguished by the term *cerebral meningitis*, the latter by that of *cerebral myelitis*.

780. The *causes* of encephalitis are mechanical injuries of the head itself,—blows, falls, contre-coups; excessive mental application, anxiety, &c.; the intemperate use of spirits; exposure to the sun-beams, &c. Frequently encephalitis forms a complication of other diseases of the system, or of distant organs, especially fevers, the exanthemata, and dropsies. It is also frequently the *effect* of other diseases of the encephalon itself; it is excited round the coagulum, or cyst, in cases of cerebral hæmorrhage, tumours, tubercles, &c.; it is also sometimes excited by ossifications, or projecting spiculæ of tone. Meningitis and myelitis frequently excite each other. M Lallemand details a case in which a ligature applied to a part of the *right* brachial plexus induced inflammation and suppuration of the *posterior* part of the *left* hemisphere of the brain.

781. Encephalitis is said to have followed the suppression of the catamenia and other discharges. It is ever connected with rheumatism?

The *symptoms* of this disease first manifested are affections of the *cerebral* functions; affections of the *true spinal*, and of the *ganglionic* functions, follow in their turn. These symptoms vary much in the *first* and in the *later* stages of encephalitis.

782. The *very first* symptoms are affections of the sensibility,—the earliest, the most important, sometimes the *only* symptom, is *pain*, or cephalalgia; this is variously situated, not always acute, sometimes excruciating. In addition to pain, there is frequently intolerance of the eye to light, of the ear to sound, and occasionally of the skin to touch; to these are added the sense of flashes of light, or of sudden noise.

783. The *next* symptoms are affections of the mental faculties, sleeplessness, or disturbed sleep, restlessness, delirium,—sometimes violent—moroseness, stupor, unwillingness to be disturbed.

784. The *third* source of the symptoms is the volition,—there are various voluntary motions, denoting either pain or delirium.

785. Besides these affections of the voluntary movements, there are, in meningitis, spasmodic movements; and in myelitis, spasmodic, alternating with, or followed by, paralytic affections, which strongly characterise these different forms of encephalitis.

786. The symptoms which belong to the *true spinal* system are very peculiar: the *first* of these is *vomiting*; this symptom should, therefore, never be neglected; the *second* is *strabismus*; the *third* is some decided *spasmodic*, or even *epileptic* attack.

787. The symptoms which belong to the *ganglionic* system are more obscure: the pulse is frequent; the bowels are frequently constipated, but the secretions are little affected.

788. It will assist your memory in reference to the symptoms of encephalitis, to bear in mind the arrangement of the cerebral and true spinal functions, which I have laid before you, § 4 and 153. I would have you *use* it, however, as Sydenham did his theories; that is, in such a manner that you can cast it from you, and give yourselves up

to pure observation, when you get into actual practice. Diseases *will not* suit themselves to our plans. Encephalitis, for example, is sometimes marked almost solely by violent delirium, and is then the *phrenitis* of nosologists; sometimes an early, if not the first, symptom is convulsion; sometimes there is violent headach, as the chief symptom. In other cases this disease is insidious in the highest degree; the patient seems *idle*; perhaps is suspected of *feigning*; he wont move or speak; and there may be *no* other marked symptom. Beware of these things. Cultivate an independent spirit of observation.

789. There is no symptom perfectly diagnostic of meningitis and myelitis. The former is more marked by acute pain, delirium, and convulsions; the latter by muscular contractions, alternating with, or followed by, paralysis.

790. The second stage of encephalitis is denoted by diminished sensibilities and mental faculties: the pain and delirium subside into insensibility, stupor, coma,—the spasmodic into paralytic affections. There may be blindness, deafness,—the pupils are generally incontractile on exposure to light.

791. Eventually the true spinal functions suffer; there is permanent strabismus, difficulty in deglutition, stertor, and other affections of the respiration; relaxation of the sphincters, &c.; the pulse varies much in frequency; the bowels are apt to be constipated; the urine is often scanty.

792. The insensibility of the patient frequently leads to a particular event; he is unconscious of the existence of a disease, which, under other circumstances, would induce great pain. Complications with encephalitis are, therefore, apt to be overlooked. One event I must point out to you in an especial manner; from insensibility the patient does not void the bladder; this viscus becomes excessively distended, and there may be a stillicidium urinæ; in *every* case of insensibility, in *every* case of involuntary discharges of urine, examine the hypogastric region.

793. There is another *practical* fact of much importance, to which I must draw your attention; not only the dawn and the course of encephalitis are insidious, but its termination is particularly so. In some cases an unexpected state of *sinking* takes place, in which the symptoms, whether pain or delirium, &c., subside, and the patient is thought to be convalescent. The same event occurs in some other diseases, especially enteritis. Beware of this fact, too, and suspect some such insidious change, unless *all* the symptoms concur to denote returning health.

794. The principal morbid appearances left by encephalitis are,—

In Meningitis.

1. *Injection.*
2. *Effusion of serum.*
3. *Effusion of lymph.*
4. *Effusion of pus.*
5. *Ulceration.*

In Myelitis.

1. *Injection; tumefaction.*
2. *Softening.*
3. *Purulent infiltration.*
4. *Abscess, encysted, unencysted.*
5. *Induration.*

795. These morbid appearances may take place in various parts of the encephalon; those left by meningitis occupy the summit and the base of the brain and the ventricles; those induced by myelitis occupy the surface and the central parts, and any individual portion, or portions, of the substance of the brain.

796. For further information upon these important points I refer you, with great satisfaction, to the works of M. Andral and Dr. Abercrombie. The only point to which I would draw your attention particularly, is the fact that the inflamed brain is *tumefied*; this fact explains the occurrence of pressure, and its varied effects on different parts of the encephalon, frequently situated remotely from the part affected by inflammation, softening, &c. It is on this principle that we explain the occurrence of various affections of the true spinal system in inflammation of different parts of the cerebral system,—the strabismus, the vomiting, the various convulsions which occur in the early stage; and the stertor, the relaxed sphincters, &c., which occur in the later stages of encephalitis.

797. The *treatment* of encephalitis embraces bloodletting, general and local, purgatives, antimonials, mercurials, cold lotions applied to the head, counter-irritation, &c.

798. The efficacy and safety of bloodletting depend upon its prompt and effectual administration. I believe the *only* satisfactory mode of the institution of this important remedy is that which I have pointed out in my work on bloodletting. The patient is to be placed perfectly upright, looking upwards, and bled from a good orifice to *incipient syncope*. In this manner alone can we adapt the remedy to the nature and violence of the disease, and the strength of the patient. To *prescribe* a certain quantity of blood to be taken is a dangerous, indolent, and unjustifiable proceeding, for it is impossible to know, *a priori*, what that quantity should be.

799. This mode of instituting bloodletting also guards us against some terrible mistakes, and yields an important diagnosis. There are some diseases *so similar* to encephalitis, that the most experienced physicians cannot be absolutely certain what a given case may be. These cases would be

brought to a fatal issue if the same quantity of blood were withdrawn, as is both proper and necessary in encephalitis. Adopt the rule for bloodletting which I have proposed, and you will be saved from the danger of inefficient bloodletting in the case of inflammation, and of undue bloodletting in the other cases, so similar to it in appearance, yet so different from it in reality; you will also possess an accurate and important source of diagnosis. If it be inflammation, much blood will flow before the lip becomes pale; if it be of the other kind of disease to which I have alluded, such, for example, as delirium tremens, and certain congeneric affections, comparatively little blood will flow before that event occurs.

800. Topical bloodletting is appropriate in cases in which some symptom, or symptoms, remain, and we dare not deplete the system further.

801. Purgative medicines, especially the active purgatives, as the oleum croti tiglii, and nauseating doses of antimonials, are powerful auxiliaries to the other remedies.

802. The free exhibition of mercury, so as to affect the system, is distinctly useful in continued inflammatory affections of some serous and mucous membranes,—as pleuritis, peritonitis, croup; and they have been strongly recommended in encephalitis. I had recently a very interesting case, in which a state approaching to dementia, from meningitis, was cured by a long-continued mercurial course.

803. Ice, an alcoholic lotion applied to the head; the cold water douche, &c., are other powerful auxiliary remedies. The same remark may be applied to blisters, issues, or setons, applied on some convenient part of the head, or in the neck.

804. It is important that the head should be raised, that the feet should be fomented, and kept warm. It is important to prevent the patient's mind from being disturbed, or tried in any way; to keep the eye from the light, the ear from noises, &c.

805. I must in this place recal to your recollection the important remark made, § 357. The sudden attack of encephalitis, or it may be pleuritis, or peritonitis, after scarlatina, or rubeola, is fatal, unless it be promptly met by bloodletting in the erect position, to incipient syncope; in effecting which, an extraordinary quantity of blood is withdrawn. I owe much that I know of this affection to my friend Dr. Heming.

806. I was, a few weeks ago, called to a most interesting case at Highgate; a boy, aged 11, had had scarlatina in its slightest form sixteen days before; suddenly his face was *seen* to swell. He shortly became affected with appearances of *sinking*, and then with violent and almost continued *convulsions*, with coma, and dilated and incontractile pupils.

Wine and brandy had been given for the apparent sinking state.

What was to be done? Confiding in the protecting power of scarlatinous dropsy and of convulsion, I had him *bled* to ℥xxvii. from the jugular vein and arm. During the flow of blood the convulsions ceased, the pupils became contractile, and the little patient recognised his father.

From this time the internal remedies, leeches, aperients, &c., were all that were required.

II. On Congestion and Hæmorrhage in the Encephalon.

807. I now proceed to bring before you two diseases of the encephalon, certainly not less important, not less frequent, than encephalitis. They are apoplexy and paralysis, or more correctly,—

1. *Congestion without rupture*, and
2. *Hæmorrhage, or rupture.*

These affections, like encephalitis, may occur in—

1. *The membranes*;
2. *The substance of the brain.*

808. The causes of the attack of congestion, or hæmorrhage within the head, are predisposing and exciting; the former are plethora, repletion; or, on the contrary, exhaustion, inanition, or debility; disease of the heart, especially hypertrophy of the left side, without contracted aortic valves of the left side; some forms of acute anasarca; deranged or suppressed function of the kidneys; disease of the arteries, or veins, or other tissues within the cranium, &c. The exciting causes are excess in eating, muscular efforts, especially straining, vomiting, sneezing, the recumbent posture, &c.

809. As inflammation usually assumes an *acute* character, congestion and hæmorrhage are as generally *sudden* in their attack. There are frequently, however, certain *antecedent* symptoms, which denote the *threatening* of this attack, and which I shall take great pains to point out to you.

810. I would observe, too, that these antecedent symptoms can only be observed and learnt, like those of many other diseases, in *private* practice,—I had almost said in the cases of the rich and affluent,—by which I mean that it is in such cases that we are compelled, by our very office, to remain by the patient, watching, anxiously watching every shade of change.

811. These antecedent symptoms consist of headach, vertigo; a sense of pressure, a sense of confusion; incoherence, delirium; loss of consciousness, of memory; drowsiness; numbness, paralysis, spasm; giddiness, flashes of light, visual spectra, noises; pallor, sickness, vomiting; faintishness, &c.

812. These symptoms are all *cerebral*, with the exception of the vomiting and of the spasm; the relation of the former of these to

affections of the head has been already pointed out, but it cannot be insisted on too much. A fall on the head, inflammation, and other diseases of the encephalon, so frequently induce vomiting, as to make it a most valuable premonitory symptom in these cases.

813. The *attack* of congestion, or of hæmorrhage itself, is frequently of the most sudden kind. There is total loss of sense and motion; the patient is flushed, comatose, breathes with stertor, and the pulse is strong and full. This is probably the case of congestion. In the attack of considerable hæmorrhage, there are the symptoms of *shock* inflicted upon the nervous system; pain of the head is followed by paleness, sickness, and vomiting, and fainting; coma, or paralysis, loss of speech, or of the power of swallowing, succeed immediately, or more slowly, probably according to the promptitude or the extent of the hæmorrhage. In the attack of partial hæmorrhage, these symptoms are observed in a slighter form; and it is some paralysis, hemiplegia, partial loss of speech, &c., which ensues. In one interesting case, such an attack as I have last described was followed in a few months by one of severer form, and the patient survived but a few days.

814. It will be perceived that in these cases the true spinal system is affected in proportion to their gravity; to the loss of sense and voluntary motion are now added dysphagia, stertor, and relaxed sphincters; sometimes there are convulsions, sometimes contraction of the limbs; in other cases, as I have stated, sickness and vomiting.

815. The ganglionic system suffers in its turn; the bronchia and trachea become clogged with mucus.

816. The injection of inflammation is probably seated in the minute arteries and the capillaries, whilst the morbid anatomy, in these cases, consists in congestion or rupture of the minute veins and capillaries of the medullary substance of the brain. M. Serres speaks of a meningeal apoplexy; M. Cruveilhier depicts an "apoplexie capillaire" of the substance of the brain.

817. The meningeal rupture is both described and depicted by the late Dr. Cheyne, and by M. Serres.

The congestion of the substance of the brain is readily understood; it is not always obvious on post-mortem examination.

818. Rupture may occur in any part, and even in different parts of the brain, at once, or consecutively, and to any extent; it produces corresponding and proportionate effects: paralysis, partial or general, and coma, in their various forms and degrees.

819. Diffused meningeal apoplexy, extreme hæmorrhage, effusion into the substance, or into the ventricles of the brain, induce general paralysis, or coma; partial hæmorrhage of an hemisphere, paralysis of the opposite side of the body; still more partial and circumscribed hæmorrhage, may affect the arm, or the leg only, or the speech. (See particularly § 239.)

820. The appearance of cerebral hæmorrhage is very different at different periods after its occurrence: at first there is a mere coagulum of blood of various dimensions and form; afterwards, the colouring matter disappears, and fibrine, or serum, remains, enclosed in a cyst lined with a fine membrane, like the serous membranes; in some cases the sides of this cyst gradually approach each other, and remain in simple contact, or unite. The contents of the cyst sometimes become organised. The parts of the brain surrounding the hæmorrhage are frequently softened, sometimes as the *cause*, sometimes as the *effect* of the hæmorrhage; in old cases they are much indurated. The adjacent arteries are frequently diseased, beset with calculous or osseous matter, or affected with aneurysm.

821. The treatment of congestion and hæmorrhage of the encephalon, embraces the use of bloodletting, general and local, purgative medicines, the most rigid abstinence, &c. &c.

822. The principal point which I wish to impress upon your minds, in reference to bloodletting, is its different measure proper in mere congestion and actual rupture. In the former there is extreme tolerance of loss of blood; in the latter, the system is extremely, and even dangerously, susceptible of this loss. The diagnosis is frequently difficult. I have pointed out the most distinctive symptoms. In addition to an attention to these, I must impress upon your minds the importance of placing your patient in the perfectly upright posture before the blood is allowed to flow; watch his countenance, his breathing; keep your finger on his pulse, and the moment the slightest indication of approaching syncope takes place arrest the flow of blood and place your patient recumbent.

823. If early syncope occur, trust the future to local depletion by means of cupping to the occiput and the neck. If the patient lose a large quantity of blood without change, pursue and repeat the remedy boldly; his life depends upon ample depletion of the sanguiferous system: add to the energetic use of the lancet, that of the cupping instrument.

824. The head should be covered with a spirit lotion; the feet should be fomented, involved in ample bran poultices, and sinapisms alternately.

The bowels must be purged freely daily.

The diet must be mere barley-water.

The countenance, the respiration, the pulse, must, however, be watched, and the least disposition to debility cautiously noticed and remedied, even by stimulants, and especially by the carbonas ammoniæ.

825. The next questions relate to the treatment of the paralysis, should the patient survive, or escape, the attack of apoplexy. I must suppose all inflammatory action dissipated. In this case, liniments and electricity may be tried, but especially voluntary movements of the limb. Is strychnine ever of advantage?

826. Should not we rather be still contemplating the condition of the brain, and using the remedies proper for this cerebral disease, the source of the paralysis? Cupping, so as to induce irritation rather than withdraw blood, setons, issues near the part affected, that is, upon the hemisphere opposite to the paralysed side, are our principal remedies, but especially the first of these.

III.—Tubercles of the Encephalon.

827. Besides the diseases which I have hitherto mentioned, there are others which may occur in the encephalon; these are tubercles, and various kinds of tumours.

828. As inflammation, congestion, and rupture constitute the acute and sudden affections of the brain, tubercles and tumours present us with slow and gradually progressive diseases of this organ. Not that this rule is without exception, for inflammation is sometimes slow and insidious in its accession, whilst tumours occasionally produce the sudden attack of an apoplexy.

829. The difference between the same encroachment upon the cavity or contents of the cranium, formed promptly, or with extreme slowness, is enormous. Large tumours, slowly formed, may exist within the skull without a symptom; a clot of blood of the size of a pea, or certainly of a nut, in the substance of the brain, may produce hemiplegia.

830. In speaking of tubercles of the brain, I must allude to the important law discovered by M. Louis, in regard to tubercles:—that, beyond the age of fifteen, tubercles are never found in *any organ* of the body without being present in the *lungs*. In a doubtful case, then, we examine the condition of the thorax; if there be tubercles there, it is a presumption that there may be tubercles in the encephalon; if there be no sign of pulmonary tubercle, it is a presumption that the affection of the brain is not tuberculous. But, as pulmonary tubercles are not always easily detectable, we endeavour to ascertain, in the absence of signs, whether there be other reasons for suspecting tuberculous formation,—such as an hereditary strumous or tuberculous disposition, the general or local signs of tuberculous affection in the system, or in any organ, &c. Otherwise the symptoms of tuberculous affection of the brain are not different from those of slow inflammation.

831. Tubercles occur principally in the cortical and medullary substance of the upper part of the hemispheres; but also in the cerebellum, tuber annulare, medulla oblongata, and spinalis; and in the peduncles, the corpora striata, and the thalami. They vary from the size of a millet-seed to that of a pea or of an egg; they sometimes become encysted, especially as softening takes place; they frequently excite increased and inflammatory action in the adjacent portions of the nervous mass, whence the symptoms.

IV.—Tumours of the Encephalon.

832. Tumours, and especially the scirroid and encephaloid, may exist within the cranium; they have occasionally followed blows on the head; they frequently co-exist with other similar affections in other organs of the body.

833. Developed slowly, they may exist with scarcely any symptom, or they may induce symptoms, on the principle—(1) of compression; (2) of irritation; and (3) of inflammatory action in the adjacent parts, of the brain, nerves, membranes, and the cranium itself. These symptoms are frequently induced gradually; sometimes suddenly; and are varied with the part principally affected. They consist of pain, followed, perhaps, by stupor; loss of smell, sight, touch, hearing, or taste; paralysis, or various convulsive affections, as strabismus, or even *epilepsy*.

V.—Hypertrophy of the Brain.

834. This disease has only been recently distinguished from other diseases of the encephalon. We owe our knowledge of it principally to MM. Bouillaud, Dance, Scoutetten, and Andral. It has sometimes occurred in children; but most frequently between the ages of twenty and thirty.

835. The brain is at once larger and paler than natural. In this latter particular it differs from inflammation or congestion, in which there is also a degree of tumefaction. On opening the cranium, the dura mater seems ready to burst; on removing this membrane, the convolutions of the brain are so firmly pressed together that the intervening triangular spaces have disappeared.

836. The symptoms are those induced by compression: after long-continued pain, loss of intelligence, and muscular power; convulsions, epilepsy.

837. In one case only were these symptoms absent; it was the case of Scoutetten, which occurred in a little child aged five, in whom the cranium grew, *pari passu*, with the augmented size of the brain. This fact has been already noticed. § 272.

VI.—Atrophy of the Brain.

838. I have already alluded to the congenital atrophy of the brain, § 293. In this place I simply notice a fact which should not be unknown to you, that the brain some-

times becomes atrophied in some part, especially of the convolutions, in the later or latest periods of life. Dementia and paralysis are the effects of this singular malady. Frequently the patient becomes utterly helpless, and passes into *second childhood*, as it is termed, the evacuations passing involuntarily.

839. Sometimes the convolutions are simply reduced in volume; at other times they are puckered; in other cases there is induration.

840. The patient lives a life of a mere excito-motory and nutritive kind. The cerebral functions are obliterated; the true spinal and ganglionic functions alone remain.

841. There is much for the physiologist and pathologist to investigate in this singular *return* to a sort of infantile existence.

VII.—Of Mania.

842. There is still much obscurity in our views of this sad but interesting subject.

The most important consideration in regard to the *causes* of mania is, undoubtedly, hereditary predisposition.

843. The most powerful of exciting causes is mental harass; the arduous duties of our prime ministers, the anxieties of the Stock Exchange, have frequently led to mania in its worst forms. Another set of causes of mania are the circumstances involved in the parturient and puerperal states, whether these be shock of the system, intestinal irritation, the loss of blood, the establishment of lactation, the condition of the uterine system, &c. I have had the most unequivocal evidence of the influence of loss of blood in inducing mania under other circumstances. For a case of this kind I may refer to the "Medical Gazette," vol. ix., p. 421. Protracted lactation is also an undoubted cause of mania. A very morbid condition of the bowels also indubitably leads to mental derangement, hence the term melancholia.

844. Mania, when it does occur, assumes various forms; it is sometimes attended by an expression of the eye and of the countenance, a manner, a demeanour, a loquacity, which denote the utmost excitement; in other cases it is moping, melancholy, with a corresponding attitude and taciturnity; in a third instance there is a monomaniacal disposition to suicide or homicide; in a fourth patient we may have nymphomania.

845. The first symptom is frequently wakefulness. Never neglect this symptom; it is so frequently the prelude to inflammatory or maniacal affections that it should always be treated with extreme attention.

846. Then some incoherent idea is expressed; love is changed into hatred; friends are viewed as enemies; prosperity as ruin; there are suspicions of a thousand kinds; despondency, or absolute despair, &c.

847. Some such expression will excite your attention to the impending evil, and then you will proceed to ascertain its particular cause, or causes, its forms, &c.

848. An important question is that which relates to the morbid anatomy: is this *cause* an *effect* of mania? That it is frequently the effect, and that it has been as exclusively regarded as the cause, I can scarcely doubt. The appearances are usually deposits of serum and of lymph between the arachnoid and pia mater, sometimes effusion into the ventricles, sometimes injection of the cortical substance.

849. In protracted cases these effects may be more considerable still, and lead to dementia, general paralysis, &c. You may consult M. Calmeil's interesting volume upon this subject.

850. If encephalitis is the frequent effect of mental harass and effort, why may not these appearances be the effect of the maniacal state?

851. This question is an important one. If the view at which I venture to hint,—if mania be the *cause* of the morbid appearances,—our hopes are excited; if it be the effect, our fears are confirmed. Indeed, I have always observed that certain facts, such as the inveteracy of the case, a peculiar effect on the countenance, the manner, &c., lead to the formation of an unfavourable prognosis, and, I believe, because they denote the *supervention* of morbid changes in the encephalon.

852. Why is the *moral* treatment so important? It is surely because it diminishes the violence of the maniacal condition, and so obviates its tendency to produce such morbid changes of structure, with its consequent hopelessness.

853. Why is it so important to procure quiet composed sleep? Obviously for the same reason. Sleeplessness, like mental effort and the maniacal paroxysm, may induce morbid actions in the encephalon, and these may lead to morbid changes.

854. The evidence from the morbid anatomy is quite deficient for practical purposes unless we are enabled thus to distinguish cause and effect; and I fear this point has not been sufficiently considered by those who have addicted themselves to this department of medical science. It is sad to observe how a little effusion, a slight layer of lymph, is the *cause* of everything in the minds of some of these gentlemen of one idea.

Pneumonia attacks new-born children much more frequently than is commonly supposed to be the case; it is too often mistaken for common catarrh, from which, indeed, it is not easy to distinguish it.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS;
NOW IN COURSE OF DELIVERY
AT THE
WINDMILL-STREET SCHOOL OF MEDICINE.
BY
GEORGE G. SIGMOND, M.D.

COPPER—CUPRUM.

COPPER.—*History of the metal; combinations of its ores; its unions with oxygen and with other metals; action of acids on it. Sulphate of copper; its poisonous qualities; poisonous effects of fish; theories respecting; antidotes for the poison of copper; medicinal powers of the sulphate; its emetic properties; value in epilepsy; in chronic diarrhœa and in croup. The acetate of copper; the nitrate; Mr. Lazars' case.*

GENTLEMEN:—Copper has been ranked amongst the medicines which, in certain states of disease, impart a tone and strength to the nerves; its preparations have been used with due precaution in the cure of epilepsy, of hysteria, of tetanus, and of intermittent fever. Some physicians have considered it a very energetic remedy, and have ascribed very extraordinary powers to it. It is the most useful of the metals excepting iron; and for economical and domestic uses it would be invaluable if it were free from a noxious agency upon the human body.

This metal was useful to man in the earliest ages of his existence, and from the facility with which it was extracted and manufactured, was employed by him in all the purposes of life. Its discovery is lost in the fictions of the classics; but we find that the travellers bring to us from Egypt figures of various descriptions, and objects both useful and ornamental, cast in it. The Greeks were well acquainted with it, and it formed the basis of their celebrated Corinthian brass. The Romans appear to have made use of it in the manufacture of their domestic utensils, and have been supposed to have preferred it to iron. The Arabians, and the alchemists looked with admiration upon this metal; they called it Venus, they laboured with unceasing industry upon it; they flattered themselves that they could obtain gold from it; and, indeed, some of them loudly boasted that they had discovered the means of transmuting it. As some of the metallic combinations into which gold enters, assume somewhat of the colour of copper, and as this metal approaches in its appearance the nearest to gold, they were led to this hope, and they explored, with the deepest research, all the properties of this mineral, now so thoroughly understood. It has a brilliant shining appearance; it is of a rosy colour, unlike any of the other metallic substances. The gravity of copper varies according to the state in which it may be, when only melted and cast, it is less than when hammered and forged; when it has been drawn into wire it is increased; native crystallised copper is about 9. It has great hardness, elasticity, and ductility. It may be reduced into very fine laminæ, its tenacity is such that a copper wire of a tenth of an inch in diameter will support a weight equal to nearly three hundred pounds. Its fusibility has been estimated at 27 of Wedgewood's thermometer, or 1450 of Fahrenheit; at a temperature above this it rises in vapour. It has a peculiar fetid odour, which it imparts to the hand, if it be rubbed upon it; it has a rough and disagreeable taste; it excites vomiting, and is rejected by all animals. It is found in different parts of the globe, but Sweden, Germany, Hungary, and Siberia most abound with it.

There are about twenty different combinations of the ores known to the mineralogist. In the British Museum you will find specimens of native copper; amongst these, the mass from Hudson's Bay, found by Mr. Hearne; sulphuret, or vitreous copper, called Frankenberg corn-ears; the fahl ore, or bisulphur salt; the oxides of copper, amongst which are some beautiful specimens of the ruby copper ore; one of the most remarkable is the bright red capillary variety, from Rheinbreitenbach, in Nassau. Of the three species of salts of copper, the sulphate, the blue carbonate, and the green carbonate, there are some very striking specimens. The sulphate of copper, or blue vitriol, combines some varieties of beautifully sky-blue coloured crystals, whilst the copper azure has some deep blue specimens which are much prized; and amongst the green carbonates are some rare and fine varieties of malachite, in acicular crystals, with fibrous structure and velvety appearance, all of which are well worthy your investigation, and will excite a wish in you to become mineralogists, which will be found by you hereafter to be highly useful to you as scientific members of the profession.

Copper unites with oxygen in two proportions, forming two different compounds; the first is of a reddish colour, and is a protoxide, consisting of one equivalent of oxygen, and two equivalents of copper; the oxide is brownish-black when dry; when hydrated it is blue; it is composed of one equivalent of oxygen, and one of copper. When this metal has been for a short time exposed to the action of the atmospheric air it loses its lustre and its colour, and this occurs more rapidly if the weather be damp. The surface grows darker, first becomes brown, and then acquires a brightish-green tint, which the French call verdet gris, or

natural verdigris; this covers over the metal, preventing any further action upon it. The process which is thus carried on is, that the action of the oxygen of the atmospheric air converts a coat of the metal into a brown oxide of copper, which speedily unites itself with carbonic acid gas, and thus is formed an oxycarbonate of copper, which is analogous to malachite, or mountain green, which exists in the mineral kingdom, and forms a proportion of some of the blue copper ores which are so much admired for the richness of their colour. It is this powdery crust which is formed on metallic copper by exposure to air, which antiquarians prize so highly when they find it upon old coins, medals, statues, or any of the remains of former ages, and to which the French apply the name patine.

Copper unites by melting with almost all the metals, and with them forms some most important compounds, which, though little known in medicine, are of great value in the arts. With antimony in equal parts is formed a singular mixture of a violet colour, specifically heavier than the mean of its component parts; this was formerly a medicine sold by the apothecaries under the name of the lilium of Paracelsus.

None of the metals are so marked in their yielding to the influence of the acids as is copper; they are almost all capable of giving a colour to it. Sulphuric acid forms with it the salt which is of the greatest importance to us in medicine; sulphate of copper, known under the name of blue vitriol, Cyprus vitriol, vitriol of copper, vitriol of Venus, and blue copperas, is a salt of a fine blue colour, crystallising in right rhombic prisms, and readily dissolving in water; exposed to the action of air it becomes slightly pulverulent, and of a greenish colour; if it become very green it shows the presence of sesquioxide of iron, and hence you find in the notes of your Pharmacopœia, whatever ammonia throws down from this solution an excess of ammonia dissolves, for if it contain the oxide of iron it is precipitated by ammonia, and an excess does not redissolve it, whereas oxide of copper is actually taken up by it. This salt is prepared either by exposure of the sulphuret of copper to the air in its roasted state, by the evaporation of water which contains it, or the dissolving the peroxide immediately in sulphuric acid, which is the process pursued in two or three manufactories in the neighbourhood of London. It melts quickly over the fire, and parting with its water of crystallisation, it soon loses thirty-six per cent. of its weight, and dries into a powder of a blueish white, if the fire be then increased the sulphuric acid is given off, the residuum is a blackish oxide; no acid acts upon the sulphate of copper; the earths and alkalies decompose it. This salt acts as a decided poison, a small quantity will prove fatal. Drouard destroyed a dog in half an hour with six grains; the symptoms produced in the human economy bear a very striking resemblance to those that follow upon the taking either arsenic or corrosive sublimate; jaundice, a coppery taste lasting after recovery, and convulsions, are symptoms, however, that have been observed as peculiar to the various salts of this metal.

For the different symptoms, and the tests for the discovery of copper, I must refer you to Dr. Christison as the text-book for all the circumstances connected with poisoning; the case which is originally to be found in Orfila's work, which was communicated to him by one of his friends, will, however, give you a good idea of the symptoms that present themselves where the salts of copper have been taken internally, have produced their bad effects, but have not destroyed the individual.

A jeweller's workman swallowed, intentionally, half an ounce of verdigris suspended in water. In fifteen minutes he was attacked with colic pains, and profuse vomiting and purging. When seen by the physician eight hours afterwards, there was not much vomiting, but frequent eructation of a fluid containing verdigris, some salivation, a small pulse, and blueness about the eyes; in sixteen hours jaundice began to appear. In the course of the night he was much relieved from the colic pains, by three alvine discharges, and next morning he had ceased to vomit, and the pain had disappeared; but he complained of a taste of copper in his mouth, and jaundice had increased. From this time he recovered rapidly, and on the fourth day his convalescence was complete. When the poisoning ends fatally, convulsions and paralysis occur, occasionally tetanus, with great rigidity of the limbs.

Dr. Percival published a case that has often been quoted from his Essays, from which we learn that a young lady seventeen years of age, died in nine days, after intense suffering, in consequence of eating pickled samphire, which, after death, was found, by the usual tests, to be very strongly impregnated with copper. In examination after death, it is, however, always to be observed, that the detection of copper does not always lead to the decided conclusion that this poison has been taken. The existence of copper in various organic and inorganic matters, has been the subject of some very interesting inquiries, and there is little doubt that it circulates in the human blood. Gahn was the first person who showed, by direct exhibition, distinct particles of metallic copper, reduced by him with the mouth of a blow-pipe, from a quarter of a sheet of brown paper. Bucholz detected copper in several vegetables. Meisner prosecuted these researches with great success. Sarzeau, in the "Journal de Pharmacie," in

the years 1830, 1832, has given us the results of his most important observations. Rose has detected it in sugar; and Dr. O'Shaughnessy, in 1831, read a very valuable paper on its discovery in organic matters, before the *Westminster Medical Society*, and this you will find in THE LANCET for that year.

M. Chevreuil having doubted the accuracy of the experiments performed by Sarzeau, this gentleman repeated his former trials, and arrived at the fullest corroboration of his former experiments, which proved that a very minute trace of this metal may be detected in the blood, the milk, and the other fluids of the body; the proportion, however, is most minute. He examined cinchona bark, two sorts of coffee madder, wheat flour, and likewise cheese. Dr. O'Shaughnessy, after various very interesting experiments, prepared an alimentary mass, such as he conceived might exemplify the rejected matter after a meal, perhaps, attended with suspicious circumstances. The mass consisted of two eggs, three cups of strong coffee, and eight ounces of bread and butter. On drying and incinerating this matter, and subjecting it to the proper tests, metallic copper was distinctly obtained. This is a subject of much importance, more particularly as it bears reference to a question much agitated, the adulteration of bread with copper. Does copper exist in corn? From analogy of its undeniable existence in other vegetables, from the examination of an eminent Dutch chemist (M. Lefebure), it appears that it is found naturally in it. There is, however, little doubt that designed adulteration takes place; some bakers in Belgium were convicted on their own confession; they acknowledged that they practised it for the sake of saving their yeast; and Meylink, a chemist at Deventer, found that it promoted in an extraordinary way the fermentation.

Some cases of poisoning, through the eating of bread, have very lately been brought before the public, and it has been said that sulphate of copper would have given a greenish tint; such, indeed, was the opinion that Baruel, on a similar occasion, gave before the Prefecture of Police in Paris; but Meylink has decidedly proved, that when one grain is added to half a Flemish pound of dough, the adulterated loaves were better raised, and were much whiter; but a very slight increase of the quantity of the copper rendered it greener, and likewise gave it a coppery taste. Some persons ascribed the poison to ergot of rye, but this is so little likely to be met with in this country, that there could be no chance of its being accidentally mixed with wheat. Neither of the three diseases to which wheat is liable would produce such mischievous effects. I believe we have no instance on record, in this country, of persons being poisoned by it. In the "Philosophical Transactions," we have the narrative of the effects produced in a family consisting of eight persons, who had lived upon damaged wheat, but the disease which was developed was that extraordinary state of gangrene, which is the usual sequela of this deleterious food; a dose, too, of not less than two drachms would be required for each individual upon whom the effects took place.

Accum, in his book that created, a few years since, such an effect upon the credulous public, and to which he gave the name of "Death in the Pot," stated that the colour of Stilton cheese was purposely given to it by the use of copper; but whether the cheese be green or not, it still contains copper. It has been found in the Parmesan, in the Stilton, and other cheeses. Some have stated that this arose from their having been made in copper vessels. Man must not, however, be too particular in his inquiries as to what he eats, for the vast variety of substances that enter into his food, and that might prove poisonous under certain circumstances, would, at last, prevent his taking a meal at all. Who would take coffee when he learns that, in twenty-four hours, from ten ounces of unroasted coffee was obtained, by the proper manipulations, a dense precipitate which coated two inches of harpsichord wire with metallic copper? Who would take beef, season it with mustard, and place it between two slices of bread, and venture to eat this compound, when he knows he is putting into his mouth substances each of which has been proved, by the examination of the chemist, to be capable of forming in his stomach a metallic crust? Potatoes would be the only safe food, for in three pounds no trace of copper has been found.

Sir William Blizard published some experiments to show to the druggist how pernicious are the mortars made of copper and of bell-metal, in which medicines were formerly more prepared than they now are. He found that the powdered hartshorn, rubbed for a short time, became black, and he pointed out that pulvis scammoneæ compositus, the pulvis sennæ compositus, the pilulæ saponis, and other preparations, might become so impregnated with copper, when thus made, as to become most dangerous. Great attention should, at all times, be paid in keeping copper utensils, for domestic purposes, perfectly clean and bright, no accidents then are likely to occur; when this is neglected, all the articles of food may become impregnated; butter, oil, wine, milk, tea, coffee, and vegetables, will be perfectly harmless if kept in them when clean, but will prove highly mischievous if due cleanliness and proper attention are not constantly adhered to.

There is, in the fourth volume of that work, which has been from its earliest publication so admirably conducted, the "Edin-

burgh Medical and Surgical Journal," a paper on the poison of fish, by Dr. Chisholm, in which he enters upon a discussion of very great interest as to the poisonous fish of the West Indies. There are many fish which possess each a peculiar action upon the human body; in some the virus is almost beyond belief. A variety of the sprat, distinguished by the name yellow-billed, the clupea thryssa, produces the most frightful convulsions, and death. One poor negro, whom Dr. Chisholm saw, had scarcely swallowed the fish when the most dreadful convulsions were produced, and in about half an hour he was dead. The œsophagus and stomach were in a highly inflamed state, and exhibited the appearances produced by a metallic poison. The rapidity of the action is such, that at St. Eustatius, and other of the Leeward Islands, whites and negroes have been known to expire with the sprats in their mouths, still unswallowed. The gray snapper, corracinus fuscus major, affects the bowels, chiefly occasioning a cholera, with pains so excruciating as scarcely to be borne; it also produces an itching of the surface; and sometimes, but very rarely, a denudation of the cutis, the cuticle peeling off, as in some cases of lepra. The muræna conger, the conger eel, sometimes possesses a most active poison. On one occasion two Europeans, three stout negro men, and a negro child of three years of age, fed heartily upon one that had been caught off a plantation. The negroes ate more plentifully than the white men. In the course of the night they were all seized with violent griping and cholera, together with a peculiar sensation in the lower extremities, attended with violent convulsive twitching, particularly the child, and faintings. The white men suffered less; they all perceived a brassy taste in the mouth, and a rawness of the œsophagus, as if it had been excoriated. These symptoms continued to afflict the negroes for a fortnight, and then terminated in paralysis of the lower extremities. One, indeed, was not only thus affected, but he had superadded a paralytic affection of the whole of one side. The child had conjoined with this an ichorous eruption over the whole of the hairy scalp, emitting a most offensive smell, and discharging an ill-looking ichor.

Dr. Claxton, a physician of eminence at St. Croix, has furnished a most extraordinary proof of the singular activity of this poison. A person had taken one of the yellow-billed sprats into his mouth; he had swallowed no part of it when informed of his danger; he instantly spat out what he had masticated. Assistance was immediately procured, vomits and alkalies were given,—the danger was considered as obviated. The consequence, however, was fatal, and in a manner the most painful and lingering; blotches appeared in various parts of his body; corroding ulcers succeeded, which penetrated to the bone, and ending in marasmus, put a period to the existence of the unhappy sufferer.

The inhabitants of the West Indies entertain three different opinions respecting this poison; some of them attribute it to the galere, or gally fish, medusæ, and holothuriæ, which are supposed to constitute the great portion of the food of the other fish; secondly, some few persons assign the poison to the celebrated manchineel tree, of which we have heard such extraordinary tales, which Jacquin and Ricord have shown to be highly exaggerated; and the third opinion, and by far the most prevalent one is, that copper constitutes the basis of the poison of the fish. There are many reasons for believing that the medusæ, or holothuriæ, are not the cause, for if they are in many parts of the globe poisonous, they are innocent in others. They are found on the coast of Great Britain in great plenty, perfectly wholesome; near the Equator no such effect is produced by them. The sea near Guiana is remarkable for its fine fish, yet it abounds with those elsewhere called poisonous, and which are said, even when dried, to destroy life. The opinion as to the power of the manchineel tree appears to be abandoned by most of those who have inquired into this subject, for the tree so often spoken of formerly, is now generally acknowledged to be much more innocent of mischief than many others of the hot climates; besides which, in some places, where these fish poison, this tree does not exist.

In confirmation of the opinion that the sea, impregnated with copper, renders the fish poisonous, is the experience of Dr. Chisholm. He having occasion to travel across the island of Antigua, was struck with the vein of mountain green, crossing the whole country, passing under the sea, forming, on various parts, a coppery ledge, from island to island. It is well known that there is a submarine ridge, or bank, extending from Granada to Tobago, which is called by the fishermen copper-bank. I must refer you to the paper which I have mentioned for a variety of facts which brought Dr. Chisholm to this conclusion, in which he is borne out by many singular circumstances; and some of the cases stated by Dr. Perceval, of Manchester, and by Sir Gilbert Blane, lend additional weight to his testimony. There is one singular consideration worthy our attention, which is the singular efficacy of the sugar-cane in counteracting the effect of the poison of fish. During those months in which fish are most dangerous, the spring and summer, then are the sugar-canes in their full growth, and, consequently, their juice mature. So perfectly are the fishermen aware that sugar is the antidote, that they never hesitate to eat of suspected fish, provided they can procure

the juice of the sugar-cane; they bruise the cane between two stones, and express the juice, which they immediately drink, without further preparation.

Marcelin Duval was led, from his experience, to infer, that sugar was an antidote for the poisons of copper; and Orfila, in the earlier editions of his "Toxicology," bore testimony, from his own experiments, to the fact. He found that at the boiling point, sugar decomposed the acetate of copper, and converted it into a protoxide of an orange-yellow colour. He, however, observed that this effect was not produced at a low temperature, and he therefore instituted some other experiments, which induced him to express his opinion that sugar was no contra-poison; that its effects were merely mechanical; that it served as a sheath to the stomach, and merely by its demulcent power acted upon the irritated lining membrane. Mr. Portal, however, determined to observe for himself, and has published his experiments and observations in the "Journal de Pharmacie," from which it would appear that sugar decomposes the acetate of copper at the ordinary temperature of the atmosphere, as well as at the boiling point; but that the process demands a greater length of time; that the decomposition proceeds more or less rapidly, according to the concentration of the fluids; and that the coppery salt is reduced to a protoxide; that animals resist much longer the agency of the poison when sugar is administered; and that sugar is to be ranked amongst the direct antidotes against poisons from the salts of copper.

I am not aware that in this country cases have occurred from which any decided conclusions can be drawn. Orfila has recommended albumen to be tried; Mylne, Edwards, and Dumas, metallic iron. The juice of the sugar-cane in the West Indies has been tried with great success as an antidote to mineral poisons, in consequence of its effect where fish have been the cause of the exhibition of dreadful symptoms.

Of the power of verdigris I need now say little; it exhibits nearly the same effects as does the sulphate; and of the metal itself I shall only observe that, although Portal has mentioned a case in which a woman, who was taking from half a grain to four grains daily, had symptoms of poisoning, yet there are so many instances where copper coin has remained for a length of time in the intestinal canal, without being productive of mischief, that we can only believe it to be injurious when an acid exists in the stomach. To your works on toxicology and medical jurisprudence I must refer you for many particulars, which will be found of very considerable interest, but upon which I cannot at present enter.

Sulphate of copper has been, from a very early period, given as an emetic where poisons have been taken internally, and the quick and certain effect produced by it fully justifies its use. It is, however, less useful on such occasions than the sulphate of zinc, for it is more rough in its operation, and oftentimes leaves behind it a state of nausea from which the stomach does not very speedily recover itself. The introduction of the stomach-pump has, in a great measure, obviated the necessity of employing it where narcotics have been swallowed; still it may occasionally be required, and from three grains to nearly half a scruple may be considered the dose. Pain in the throat and stomach are likely to remain some time after recovery, as is exemplified in a case related by Dr. Marcet. During its action these are generally much complained of. It is always necessary that the patient should not be allowed to sink into the lethargic state when it has been swallowed, for the stomach becomes for a time insensible to the excitement of the copper which remains there, and becomes an additional source of mischief.

The sulphate of copper and ammoniated copper have obtained very high reputation in the cure of epilepsy. The cupri ammonio-sulphas is a carbonate of copper and sulphate of ammonia, with some excess of sesquicarbonate of ammonia; it is liable to some degree of variation, which depends upon its state of dryness, and the excess of the ammoniacal carbonate. It is thus made: Take of sulphate of copper an ounce, sesquicarbonate of ammonia an ounce and a half; rub them together until carbonic acid ceases to evolve, then dry the ammonio-sulphate of copper, wrapped in bibulous paper, in the air. In order to prove its purity, and that there is no excess of sesquicarbonate of ammonia, heat may be applied to it, when it will be converted into oxide of copper, and will evolve ammonia. Dissolved in water it changes the colour of turmeric, and solution of arsenious acid renders it of a green colour. There is a solution of this ordered which was formerly called aqua sapharina, then liquor cupri ammoniata, and now liquor cupri ammonio-sulphatis. It is made by dissolving a drachm of the ammonio-sulphate of copper in a pint of distilled water, and straining. Mr. Phillips observes, "Unless the ammonio-sulphate of copper retains some excess of sesquicarbonate of ammonia, I have found that it is decomposed and one half of the oxide is precipitated."

These preparations are principally serviceable in cases of epilepsy, which are to be traced to a purely nervous origin, and where there is no reason to suspect any alteration in organisation, and where it has not appeared very early in life. In such cases it acts as a tonic; it should be commenced with some degree of caution. Dr. Urban's plan has been found the best; he gave it in the following way:—He prescribed eight

grains of the ammoniaco-sulphate of copper, to be mixed with twenty-four grains of sugar, and twenty-four grains of crumbs of bread, and formed into forty-eight pills, of which three pills may be taken morning and evening; and the dose may be increased every two days by one pill. Sometimes, after five or six days, nausea and vomiting have been produced, even in this mild manner of giving the medicine; but it may, when these effects have been allayed, be resumed; and in many cases of epilepsy you will find this the first remedy that will produce benefit, where many others have in vain been tried.

Dr. Urban has related some cases in which he was very successful; you will find that they were such as I have mentioned, dependent upon the state of the nerves. Thus, when epilepsy has been suddenly developed in a person arrived at manhood, who never was previously suspected to be thus predisposed, you will find it very valuable; if it have been brought on by alarm, by sudden shocks, or by any unexpected event, this is immediately to be had recourse to; thus a female, in whom epilepsy was produced by the sudden announcement of the murder of her husband, completely recovered, after twenty-six grains of this salt had been gradually administered to her in the way I have just mentioned to you.

There is a paper by Dr. Elliotson on the exhibition of sulphate of copper in chronic bowel complaints, to be found in the "Medico-Chirurgical Transactions." He believes it to be superior to every other astringent in chronic diarrhœa; he combined it with opium, as it had a tendency to produce vomiting and griping; three grains, three times a day, is the largest dose that he has given, but his ordinary dose is half a grain twice a day, with half or a grain of opium; he does not assert that it is a specific, but that it will very frequently succeed after all other astringents have failed. It has been used in dysentery, and in cholera, and has found warm advocates.

One of the most valuable uses to which it has been applied, and with very great advantage, has been for the cure of croup; in Germany it has obtained a very high character. In 1821 Hoffmann expressed his opinion, and since that time several persons have tried it, amongst them Dr. Droste, of Osnabruck, published in the "Heidelberg Clinic," his cases; he used it with great success. Mr. Serls, of Crossen, has given us the result of the use of sulphate of copper and leeches applied to the neck in between forty and fifty cases, and states that he only lost four by such treatment. The children were between one and three years old, to whom he gave half a grain every two hours. The cases, though not altogether very well described, fully justify the opinions of those who are favourably disposed towards the remedy, but it should ever be borne in mind that this remedy is dangerous.

As an external application, both the sulphate and nitrate of copper have been much employed as escharotics, and in solution they have been used as styptics. That the sulphate may, applied externally, be productive of bad effects, is proved by an experiment of Dr. Duncan, who killed a dog in twenty hours by the application of it to a wound. The compound solution of copper of the Edinburgh Pharmacopœia is a very useful styptic for hæmorrhages; it is a solution of the sulphate of zinc and alumen in water, with sulphuric acid. A scruple to a drachm, dissolved in a pint of water, is the quantity ordered for a lotion; the liquor cupri sulphatis, of the Pharmacopœia of the United States, has been highly spoken of as an injection in gonorrhœa; I am not, however, aware of its superior efficacy; it is made of three grains of the sulphate of copper, ten minims of sulphuric acid, and two ounces of distilled water.

The acetate of copper has been used in the same diseases, as has the sulphate, but it has nothing particular to recommend it. There is in the Edinburgh Pharmacopœia an ointment consisting of fifteen parts of resinous ointment, and one part of subacetate of copper; but it cannot be well used without being much diluted; it is, however, recommended to check the growth of fungous flesh, to destroy syphilitic excrescences, and to cauterise carcinomatous ulcers.

There is an interesting case in an early volume of THE LANCET, by Mr. Lizars, of Edinburgh, in which, after the extirpation of the mamma and axillary glands, in consequence of fungus hæmatodes, all appearance of regeneration was completely checked by the external application of the nitrate of copper.

DROPSY OF THE PINEAL GLAND.

To the Editor of THE LANCET.

SIR:—The following case and post-mortem examination I am induced to send you for insertion, if you consider them worthy of a place in your valuable Journal, as being exceedingly interesting, and presenting appearances after death by no means common. I am, Sir, your most obedient servant,

STEPHEN S. STANLEY.

Robert-street, Chelsea, Feb. 23, 1838.

Margaret Beckett, ætat 4, an out-patient of the *Westminster Hospital*, visited February 13th, 1838. The mother of the little girl states, that about three weeks ago she observed a degree of fever and restlessness about the child quite unusual to her, and that latterly she had been in the habit of

passing a number of long worms. She states, also, that about a week ago she observed a still further alteration in the child's temper and habits, inasmuch, as her usual good and playful spirits had entirely left her, and there was an evident disposition in the child to mope and avoid the company of her playfellows; that on Saturday, the 9th, four days prior to my seeing her, she ran in a hurried manner towards her mother, to whom she clung convulsively, and then fell down suddenly in a state of insensibility, from which it does not appear she ever for a moment returned to consciousness, further than on one occasion giving her mother a kiss. I found, on inquiry, that during this long state of insensibility, she had had occasional vomiting; that a few leeches had been applied to the temples on Monday, the 11th, without any relief having been obtained, and that something had also been given her in the form of a mixture, but whether it was opening medicine or not they were unable to tell me.

When I saw her, I found her in bed, lying quite insensible, with the eyes imperfectly closed, and the mouth slightly open; respiration natural; pulse 60, small and irregular; the extremities and body warm and comfortable. On examining the eyes carefully, I found the left pupil fixed and contracted, the right one also fixed, but irregularly dilated. I ordered immediately a blister to the nape of the neck; *calomel*, grs. iij.; *castor oil*, 1 drachm, immediately. I gave her also an injection, containing *turpentine*, 3 drachms; *castor oil*, 4 drachms; and another powder, with castor oil, I ordered to be given an hour afterwards. Up to a late hour in the night, which was the last time I saw her alive, there was no improvement or alteration in the symptoms, though the bowels had been freely acted upon, and she died about seven o'clock on Thursday morning, the 14th.

Post-mortem Appearances.—On opening the cranium and removing the calvarium, the ruptured dura mater let escape at least an ounce of blood; there was, in short, general venous congestion, the sinuses being all gorged with blood. In slicing the brain in situ, from above downwards, the cerebral substance was observed to be firm, and rather more vascular in the posterior lobes than natural; with these exceptions, there was nothing peculiar seen, until the brain was removed, when the pineal gland was found distended with fluid to the size of a large hazel nut. The tunica arachnoidea was separated from the gland without difficulty, leaving it entire; the colour of this body was lighter than natural; the pedunculi not apparently implicated; the sac was of various thickness, being thinnest at its upper part, where the density was about a line; in the inferior part, or the basis, it was about two lines in thickness. The enlarged body pressed in a conspicuous manner against the nates of the corpora quadrigemina, and laterally against the thalami optici. The tubercula quadrigemina, and pons varolii, were in a state of ramollissement, probably arising from the pressure described

A preparation of the modified parts has been formed.

IPECACUAN IN HÆMOPTYSIS.

To the Editor of THE LANCET.

SIR:—The following communication is given to illustrate the efficacy of nauseating doses of ipecacuan in hæmoptysis. I have delayed making the statement public, until my experience in several cases had confirmed the utility of ipecacuan in arresting hæmorrhage from the lungs, when other means had proved ineffective.

Mr. C., a stout robust gentleman, of florid complexion, about thirty years of age, had enjoyed excellent health, except for the last month or five weeks previous to August, 1830, when he complained of a slight difficulty of breathing, accompanied with a short cough, when walking quickly. To this he paid little attention, as he thought it arose from his becoming corpulent. He arose in his usual health in the morning, and went down stairs in great haste, when he was seized with a sudden fit of coughing, accompanied with a great flow of florid blood. When I arrived the coughing and expectoration of blood were still going on. At this time the quantity amounted to about four pints. On the first day he was twice bled from the arm, to the extent of twenty-four ounces each time, digitalis ordered, the bowels to be kept freely open, and quietude and the recumbent posture enjoined. Next morning he complained of much heat about the chest, cough, and tightness of breathing, with a slight expectoration of bloody mucus, for which a large blister was applied to the chest. The same night the hæmorrhage attacked him with great severity, when he lost about two pints of blood. He was again bled, and a grain of acetate of lead was ordered to be taken every two hours with digitalis. The next morning he was again seized with hæmorrhage, when the doses of the lead and digitalis were increased, and he was directed to take dilute sulphuric acid in considerable quantities. He was now unable to raise his head to receive sustenance without inducing cough and expectoration of blood. In this state he continued for about eight days, attacked at intervals of twenty or thirty hours with fresh hæmorrhage. His breathing now became very difficult, his feet cold, and his strength so reduced, that it was deemed unsafe to depend farther upon these means, when the tartrate of anti-

mony was ordered to be taken in doses sufficient to keep up a constant nausea. This proved an immediate check to hæmorrhage, and other distressing symptoms, and gave every indication of a speedy recovery; but after the antimony had been taken four days, I was not a little astonished to find that, even when given in very large doses, it had ceased to stop the hæmorrhage, since it had lost its effect of producing nausea, the body, at the same time, being in a state of profuse perspiration. The advantage previously derived from this medicine, induced me to continue it with the expectation that the benefit might arise independently of producing nausea. It was, therefore, continued three days longer, during which time he had several returns of the hæmorrhage. From the beneficial influence produced by the antimony before it lost its nauseating effect, I was induced to expect a similar good result from ipecacuan, all hope of preventing the hæmorrhage by further depletion, being done away with, as the patient was becoming very feeble, losing all his muscular power, and the cough and difficulty of breathing rapidly increasing.

The first dose of the ipecacuan controlled the circulation, and allayed the coughing, hæmorrhage, and difficulty of breathing. He was ordered to keep up the nausea, as he could generally, till the approach of the hæmorrhage, by a slight augmentation of heat about the chest; he was directed, when that sensation was experienced, to take the ipecacuan freely. This plan of treatment the patient continued for three weeks, and, at the end of this time, as small a dose of the ipecacuan produced nausea as at the beginning, with this advantage, that the same prostration of strength was not effected by it as by the antimony. The excessive perspiration which he had, whilst taking the antimony, soon ceased. He recovered perfectly, and has continued well since that time. In many similar cases the same beneficial results have followed this mode of treatment, the advantages of which are, that the ipecacuan appears not to lose its power of producing nausea, nor the system soon to become habitual to its action even in minute doses. It also controls the circulation by diminishing arterial action, and may often be relied upon when farther depletion cannot with safety be employed. I am, Sir, your obedient servant,

A. TURNBULL, M.D.

Russell-sq., Feb. 22, 1838.

PULMONARY consumption occurs more frequently in the female than in the male, whether before the age of fifteen or after it.—*Louis, Paparaine.*

THE LANCET.

London, Saturday, March 24th, 1838.

OFFICES in public institutions should be made to act as premiums upon good conduct, industry, and talent. The student, as soon as he enters his profession, should feel that success depends upon his skill and acquirements, and be constantly reminded of the strict connection existing between duty and interest, by seeing honours, offices, and emoluments publicly conferred by impartial judges upon the most deserving. This would allure men of a happy organisation, by offering them situations where their faculties might find scope for exercise; it would stimulate ordinary average capacity to full exertion; and either reclaim the dull, idle, dissipated profligate, who had seeds of good in his nature, or place him in a sphere where his evil habits and incapacity could produce the least possible evil. No one will deny that such a distribution of offices would have a beneficial effect upon the medical student; or that science would be effectually promoted where the field was allotted to each labourer according to the measure of his capacity, and every one rewarded according to his works. It is equally certain that public duties would be best performed by this arrangement, for each station would be assigned to him who of all competitors was the best qualified to fill it, and diligence and efficiency alone would espy a prospect of advancement.

A board for conferring titles and licences to practise has only to reject all who do not come up to a settled standard of capacity and acquirement. To carry the foregoing principles into effect, another tribunal, and another examination, are required to investigate relative degrees of merit. The judge should possess the sagacity and experience which would enable him to decide accurately, and be empowered to call for all the evidence and data upon which a verdict could be founded. The candidates might be

examined *viva voce*, or by written questions; they might give in previous writings, and bring testimony of having satisfactorily fulfilled similar duties. Each candidate might be taken to eight or ten patients, and requested to write down the morbid phenomena; determine the nature of the disease, and its probable issue; prescribe for every case, and state the probable result of the remedies and appliances. Thus proofs of theoretical and practical skill would be elicited. All the evidence upon which a decision is founded should be before the public, so that the friends of the successful and defeated candidates may have cause to acquiesce in the election, or possess the elements of a fair appeal from an unjust judgment to public opinion and criticism. The experience of all tribunals has proved that justice cannot be guaranteed with closed doors; and the practices of eighteen licensing bodies in this country furnish too many proofs of partial, unjust, erroneous decisions, secretly pronounced.

A judge should not only be qualified to determine the relative merits of rival candidates, but be unbiassed, or, rather, be engaged to administer justice, on the one hand by all the ties of honour, principle, and interest; and, on the other, by the dread of displacement and infamy.

Far different are the principles on which the appointment to, and the affairs of, the Irish Medical Charities have been conducted. The office of surgeon to the county infirmaries has long been inaccessible to all but licentiates of the *Royal College of Surgeons* in Ireland. That College granted diplomas only to the apprentices of its own licentiates. The apprentices possessed a monopoly, and gave themselves up to indolence; the ardour of the great excluded body—amounting to three-fourths or five-sixths of the practitioners in Ireland—was damped by despair, for they found themselves irreparably deprived from the first, of all prospect of attaining distinction in the medical institutions of their country. Offices in the Irish medical charities were not premiums upon good conduct, industry, and talent, but premiums upon apprenticeship fees. They added to the opulence of Mr. Cusack. The narrow way of scientific application and research, led to nothing in Ireland. The doors of the Dublin College, where heavy sums of gold are the "Open sesame!" alone conducted to wealth and honours.

When the shorn graduate escaped from the portals of the *Dublin College of Surgeons*, with the stamp of the perverted Trades' Union upon his shoulder, what was his condition? When a vacancy occurred in an infirmary, was the competition, if any took place, fairly conducted before a competent tribunal? By no means. In the first place he had to procure a certificate from the medical officers of *Stevens' and Mercer's Hospitals;* and, in the next, to solicit the votes of the subscribers who contribute a fraction of the revenues. Subscribers know little of medical qualifications; they cannot estimate the relative merits of the rival candidates, or award the prize to him of the highest deserts. Connection, interest, a plausible address, common report, influence them; but these, in many cases, are not allowed to bring down the scale on the side of justice. The candidate purchases his office. The income of the *Clare County Infirmary* in 1832 was 950*l.*; in the year ending January 5th, 1834, the net income was 3367*l.* Sir David Barry and Dr. Corrie state in a note, that "the "large surplus arose from the contribution "of 126 life governors (at 21*l.* each), and "six annual governors, made previous to an "election of medical officers."—(Poor-Law Inquiry, Ireland, App. B, p. 359.) Clare is a favourable specimen of the Irish infirmaries; the Commissioners pronounced it to be "one of the best administered hospitals "in Ireland." And, strangely enough, add "this hospital has been regenerated, by the "late change in its medical officers, from a "state of sad confusion, inefficacy, and neglect. *Monopoly and abuse have been banished, and the institution [is no longer a*

"*close borough*, maintained at the public "expense for the benefit of one, to the pre- "judice of the poor"! In 1833, an Act was passed which provided that life-governors should not vote at an election for medical officers for twelve months; but the treasurer has generally managed the business of an election, and such a provision is easily evaded.

At some infirmaries in Ireland the appointments are made by the hospital medical staff, who, if they be better qualified to distinguish the pretensions of candidates, are biassed and corrupted by self-interest. They are interested in having colleagues of less reputation than themselves; and they sell the offices to their own pupils. *Meath* and *Mercer's Hospitals* are instances. The physicians and surgeons of the *Meath Hospital* relinquished, under 13th and 14th Geo. III., 100*l.* a year, in exchange for the power to fill up vacancies in their own body, and to introduce pupils. The apprentices of surgeons to the hospital, pay nothing; apprentices to other surgeons pay 15 guineas a year to the Medical Board; pupils not apprenticed pay 18 guineas a year to the same body. The average number of pupils is 75. The surgeons and physicians admit their own apprentices, and extort fees from all other pupils, in defiance of the Governors and of the Government, which supports 34 out of 87—the average number of patients in this small infirmary. The high number of pupils is kept up by the apprenticeship system; and by the prospect of succeeding to places in this and the county infirmaries. The Assistant-Commissioners remark that the system allows "the exercise of favouritism in the election of officers. *It is possible that the Medical Board may sell the appointment; they best, they alone, know its value*; and *persons may be elected according to the strength of their purse*, instead of according to the quantum of their skill. It is not meant to be said that such a practice does, or ever has, prevailed; but this has been proved, that it is the invariable practice for the medical officers to elect none but persons who have been pupils of one of themselves."—(Poor Inquiry, Ireland, Appendix C., part 2, p. 98.)

Mark the delicacy of Mr. Assistant-Commissioner's innuendo! Yet the Registrar of *Meath Hospital* says, in his evidence,—

"There are two physicians and six surgeons. They fill up their own vacancies. All the surgeons have been pupils in the hospital. I rather think that a surgeon does not pay anything to the physicians and surgeons for his election. *I have heard that it has been done, but cannot charge my memory whether within the last six or seven years.*"—(Id. p. 85.)

At *Mercer's Hospital* a physician and six surgeons form a Medical Board, "and exercise the right of filling up vacancies in their own body, and of appointing the apothecary to the hospital. All the present surgeons have been apprentices to surgeons in the hospital."

Other examples may be adduced to show that the Dublin hospital surgeons are fatally biassed into the belief that their own apprentices — in other words, youths who have paid them 300*l.* or 400*l.*—are alone qualified to fill offices in medical institutions.

Ascribe this to corruption, prejudice, or hallucination, the fact itself is indisputable, that the hospital surgeons of the Dublin College never see merit in the licentiates of other colleges, or promote any but their own apprentices to places of trust. What, then, can be expected from these gentlemen in the characters of unpaid Commissioners, to which they aspire under the Medical Charities Bill? Can they administer the affairs of those Charities honestly and impartially? No more than the leopard can remove its spots, or the Ethiopian change his skin. Yet it has lately been stated that the Dublin Colleges of Physicians and Surgeons are anxious to see some of their members on the Board,—that the Commissioners may, perchance, be entirely Dublin graduates—be connected with the hospitals or schools—that the leading medical men of Dublin will not relinquish their present emoluments—and, *therefore, that there will be unpaid Commissioners.* The Tipperary Committee fears that

this "would induce pupils and apprentices "to flock to the hospitals and schools of the "Commissioners, thereby producing emolu- "ments to the Commissioners, to the injury "of the other hospitals and schools which "have no members on the Board." This Committee proposes that the Commissioners should be reduced to *five*, and that two of these should be paid. In the petition of the graduates in medicine and surgeons, practising in Dublin, against certain clauses of the Medical Charities Bill, the petitioners pray that the seven Commissioners may be graduates and members of seven different colleges. If each licensing body is to be represented, there should be 19 Commissioners. If the interests of the sick-poor, the cause of medical science, and the permanent advantage of the students, are to be kept in view, there must be no "representation" of jobbers and monopolists, and all thoughts of plunder and corrupt patronage must be abandoned. The prospect of an equitable distribution of offices, and of making them premiums of merit—however chimerical it may appear in Dublin, where jobs have so long been met only by counter-jobs—makes us adhere to the demand for the appointment of *one paid and responsible Commissioner*.

The proposed substitution of five for seven Commissioners, where the unpaid Commissioners are in a majority, leaves all our former objections untouched; and the association of unpaid with paid Commissioners is always found to have the pernicious effect of screening the latter from responsibility. We shall not pursue this argument, and have only reverted to it to show that all parties in Ireland consider the seven-headed Commission a monstrous job, to which the sick poor, the medical student, and the great bulk of the profession in Ireland, are to be sacrificed.

The 17th clause of the Bill enacts that no person shall be elected as a physician or a surgeon to an hospital, asylum, or dispensary, "unless he have previously obtained "a certificate under the hands of the Commissioners of Medical Charities, that he is "duly qualified as aforesaid." The Commission, as has been explained already, is not empowered to appoint directly to any office; this power will be vested in the local governors or directors; but the Commission, in the exercise of its high function of distinguishing the relative qualifications of candidates, is furnished with a very notable expedient by the Bill. The "aforesaid" qualification in a surgeon comprises certificates of five years' study, three years' hospital attendance, and two hours' examination. The decision of uninformed subscribers and rate-payers will be more satisfactory than the nominations of Commissioners who have been bribed by apprenticeship fees; and the local contributors to the funds will not willingly relinquish patronage; but no valid objection could be made to an equitable public tribunal, where all candidates, when there was more than one, might be examined and classified, for the guidance of electors, in the order of qualification. This duty would naturally belong to a NATIONAL FACULTY OF MEDICINE, but may be temporarily performed by a Medical Commissioner independent of, and unconnected with, any Irish hospital or school. The medical students of Ireland, in the petition presented to the House of Commons by Mr. WAKLEY, pray that instead of being empowered to examine certificates, the Commissioners may be authorised to examine *the persons producing such certificates and diplomas*, "*in the "minutiæ of their professional acquirements*, "*as strictly as they shall think fit*." This is just and noble: it betrays no dread of competition with the Dublin College apprentices.

The hypocrisy of the qualification clause is now apparent to all the world. While it professedly throws open the medical institutions of Ireland, it really excludes all but licentiates of the *Dublin College of Surgeons*. The *physician* is to show that he has studied *four years*, and attended an hospital *two years*; the *surgeon*, that he has studied five years

attended an hospital five years, and been examined during *two hours*. The members of other colleges are declared to be eligible if they have been examined during *two hours*; but the examination is protracted two hours in no college excepting the *Dublin College of Surgeons!* The mockery of the proffered liberality is most barefaced, and could only have been prompted by the genius of impudence which presides in that shameless monopoly. A great deal has been said of the expenses of a Dublin graduate's education, and of the extraordinary severity of an examination carried on two hours by the clock. That the graduate expends heavy sums in indirect bribes, and that he is compelled to do so, is unquestionable; but this is not very compatible with a rigid examination. Dares the *Royal College of Surgeons* in Ireland finally refuse letters testimonial to one of its own apprentices—to a gentleman who has paid to its leading members apprenticeship fees, hospital fees, class fees, and examination fees? Will the Registrar of the College favour the public with a return of the total number of apprentices finally refused "letters testimonial" during the last ten years? None of the examinations are efficient; and if the Dublin examination were formidable to an alien pupil, it would not be a fiery trial to a favoured apprentice. We suspect that it partakes of the spirit of the qualification clause.

The ordainment of inspection implies the existence of a species of publicity. The state of every medical establishment is to be examined and reported upon twice a year by Inspectors. We are not disposed to undervalue inspection of this kind, in connection with statistical returns; but it will be inefficient without inspection of another description. he wards of the medical charities must be opened to the inspection and criticism of all members of the medical profession; the acting officer will then be surrounded by what BENTHAM has called a critical audience, qualified, ready, and willing, to inspect him in the discharge of his duties. Thousands of lives have been silently sacrificed in the British and Irish Hospitals by the ignorance, incompetency, and negligence of officers, that nothing but publicity can control. Publicity has controlled them to a considerable extent through the operations of this Journal, and its salutary influence is now beginning to be generally felt; but it will be complete only when every hospital in the empire is thrown open, as a matter of right, to every member the medical profession.

The statistical and other details may be amended in Committee. It will be recollected that the second reading of this important Bill, which directly or indirectly affects the interests of every practitioner in Great Britain, as well as in Ireland, is fixed for Wednesday, the 28th of March.

BRITISH MEDICAL ASSOCIATION.

THE half-yearly meeting of this important Association was held at Exeter Hall, on Monday, the 19th inst., Dr. WEBSTER, the President, took the Chair.

The CHAIRMAN, in opening the business of the meeting, said, that he had great pleasure in congratulating the members of the Association upon its increasing prosperity, the situation in which it now stood, and its future prospects. (*Applause.*) Scarcely eighteen months had elapsed since this Society was ushered into the world. It was considered a child of the full time, but there were not wanting those who were very fearful that it would not attain to old age; there were some who were afraid that if it did not die during the first month, yet that it would expire of fits or starvation. (*A laugh.*) However, he was gratified in being able to state, that it was now beyond the fears of its friends, and the evil wishes of its enemies. He was quite sure that an Association, founded on the principles on which this was based, must prosper. The founders of the *British Medical Association* had no sinister motives to serve,—they only sought the advancement of their profession, and the amalgamation of what had been previously a divided body. The present was a time peculiarly calling for union, considering the oppression of the New Poor-Law system, on the one hand, and the monopolising spirit of the medical corporations, on the other. The latter were seeking their own benefit rather than that of the profession at large. He did not blame the individuals forming the various corporations, but he

censured the constitution under which they existed. Six months ago he had remarked that there were seventeen or eighteen different bodies granting degrees, licences, and titles to practice. The *London University* had since obtained that power, but there was one fountain of honour previously existing which escaped his notice on the former occasion, and which ought to have been reckoned among the foremost; he alluded to the power possessed by the Archbishop of Canterbury of granting degrees. (*Laughter.*) When they saw such a number of corporate bodies, when they remembered their different constitutions, and the curricula of those that had one, what a mass of confusion they presented. A man who obtained a degree, or licence, in Scotland, could not practise with it in England; the man who obtained one in Ireland, could not practise with it in Scotland; and the man who had obtained a licence in London, could not practise with it in Ireland. (*Hear, hear.*) At the present moment his mind reverted, with some degree of interest, to Ireland; hitherto he confessed that he had been afraid to take up the subject of Irish medical affairs, but they were now becoming so amalgamated with the New Poor-Law system, that they were absorbing a great degree of attention. There was now before the House of Commons a Bill, which has been entitled, "A Bill for the better Regulation of Hospitals, Dispensaries, and other Medical Charities in Ireland." Here, again, they saw the spirit of monopoly creeping forth. Though the Bill had the appearance of liberality on its front, yet it excluded from the hospitals and dispensaries, and the various medical charities of that country, graduates of England and Scotland, and every member of the *Royal College of Surgeons*, in London and Edinburgh. (*Hear, hear.*) The 16th clause enacted, "That every person shall be capable of being elected, or appointed, surgeon to any infirmary, hospital, asylum, dispensary, or any other medical charity in Ireland, who shall have previously obtained letters testimonial of his qualification to practise surgery, from the *Royal College of Surgeons* in Ireland, or who shall have obtained the diploma of the *Royal College of Surgeons* of London, or of the *Royal College of Surgeons* in Edinburgh, or a degree or diploma in surgery, from some other college, or university, in Great Britain, or Ireland, duly authorised by royal charter, or statute, to grant the same." But there was a rider to the clause, which not only destroyed the spirit of liberality, but would actually destroy the privileges of the different members of the Colleges of Surgeons of England and Scotland. The applicant must show, to the satisfaction of the Commissioners of Medical Charities, that he had pursued his professional education and studies in some hospital, or school of medicine, or surgery, for five years; and, also, that he had diligently attended the practice of an hospital for three years at least, and that he had been carefully examined by a Court, or Board of Examiners, of some of th e Colleges, or Universities, for two hours at the least. (*Hear, hear.*) It was absurd to legislate on medical matters in that way. One man's attainments might be ascertained in half an hour, another might require a longer time, but that two hours should be considered a necessary qualification to entitle a man to those situations was perfectly ridiculous. That was the work of the *Royal College of Surgeons* in Ireland; but he had not yet adverted to the worst part of the case,—a physician, or surgeon, must have a certificate of qualification from those Commissioners. The truth was, that it was a monopoly got up in Ireland to make the candidates attend their hospitals,—in other words, to bring grist to their mill. (*A laugh.*) He mentioned the circumstance more especially, because a member of this Association, Mr. Phelan, of Clonmel, had taken an active part in getting up a petition, to be presented against the Bill, signed by the whole of the medical profession in that country. One hundred and eighty-six students in Dublin had affixed their names to a petition against that clause, because it would entirely deprive them of their rights and privileges. Another petition against it had been signed by a large number of physicians and surgeons in Dublin. In England they had the same sort of opposing interests; the corporations, generally, were adverse to the interests of the profession. This showed more than ever the importance of union, of having one Faculty (*hear, hear*) that should include physicians and surgeons. A petition to Parliament, agreed to at a former meeting of the Association, for the establishment of one Faculty, still lay for signature. With respect to the Association, it would have been to him a source of regret had it been precocious. If gentlemen had lightly joined it, they might as lightly have withdrawn. There was nothing amusing in the Association,—many of the members had laboured hard in promoting its interests. The simple objects of the present meeting were to make some regulations in the laws of the Association; to entertain any proposition that might be brought forward, and to receive some suggestions relative to the Poor-Law. There would be no report presented on the present occasion, but he would briefly narrate the principal circumstances which had occurred since they last assembled. During the six months 49 new members had been added to the Association (*cheers*), consisting of 36 surgeons and licentiates of *Apothecaries' Hall*, and 13 doctors of medicine, 27 of whom resided in town, and 22 in the coun-

try. This pleasure, however, was mingled with alloy. In the early part of the winter the Council lost one of its excellent and valuable members, the late H. Whitmore, Esq. His place had been supplied by Dr. Granville. Another member of the Association had also died, Mr. Potter, of Ongar. The business of the Association had so much increased, especially in connection with the Poor-Laws, that an Assistant-Secretary had been appointed, Mr. Harrisson. The Poor-Law Committee having died a natural death at Christmas, a new one had been formed. An Anti-Quackery Committee had also been appointed, which he hoped would prove an effective body. The Council had had laid before it a communication from the *Leeds Medical Society*, containing a petition to Parliament on quackery, from which it appeared that that neighbourhood abounded with quacks of every description. The petition prayed that an additional clause might be appended to the Apothecaries' Act of 1815, giving them the power of summoning such persons before magistrates, and inflicting upon them a summary fine. It appeared, however, to the Council that that would be adding an evil to an evil, inasmuch as the powers under the Apothecaries' Act, ought never to have been placed where they were now invested. (*Hear, hear.*) The opinion of the Council had been transmitted to the Leeds Association, but the latter thought that until the one Faculty was obtained, means should be adopted to restrain druggists from practising. They must not, however, do evil that good might come. As he had censured the *Dublin College of Surgeons*, he must also say a word in their favour. The *Apothecaries' Company* in that city, had assumed a power to which they were not entitled—that of licensing persons to practise, whereas, by their charter, they were only entitled to license individuals to dispense medicines. The *Dublin College of Surgeons* had very properly taken up the subject. An auxiliary Association had been established in Stroud, principally through the exertions of Dr. Wilmot, who had favoured the meeting by his presence. (*Cheers.*) The subject of a Life Insurance Society was under the consideration of the Council, and had given rise to an excellent paper by Mr. Farr. Another point to which attention had been directed was a clause in the Imprisonment for Debt Bill, which variously affected the interests of the profession. Several noble and learned lords had been seen upon the subject, and Lord Abinger, approving of the suggestions thrown out by the Council, had promised to present a petition to Parliament. It prayed that a portion of an insolvent's income or salary might be appropriated to the payment of medical bills. The Council had also been in deliberation on Serjeant Talfourd's monopolising Copyright Bill, which certainly concerned the profession as a learned body. That Bill extended the power over copyright for a period of 60 years. Copyright was, in some respects, analogous to patents. Had the latter been continued for 60 years the effects would have been most injurious to this country. A petition had been prepared on that subject. A vast amount of correspondence had taken place on other topics, to which he would not further allude.

Mr. HARRISSON then read a list of proposed amendments in the laws of the Association which are embodied in the following resolutions :—

Mr. DAVIDSON said, that when the Association was first formed he refused to join it in consequence of the restrictive and illiberal character of one of its laws. That was the light in which it had been received by the profession generally. On being informed that it was an open question he joined the Association, and he had now great pleasure in moving,—"That the alterations in the laws passed and acted upon by the Council since the last general meeting in March, making others than general practitioners eligible to the Council and Presidency, be approved and confirmed." (*Applause.*)

Mr. BRADY briefly seconded the resolution.

The CHAIRMAN, in submitting the motion for adoption, begged to offer a word of explanation. At the original formation of the Association neither physicians nor surgeons could be elected to the Council or Presidency; it simply arose from the circumstance that in the first instance this was intended to be a society of general practitioners; many circumstances, however, had conspired to show that the Association might be made an efficient means of uniting all the members of the profession; it was, therefore, proposed to abrogate the restrictive clause, and which, indeed, had scarcely ever been acted upon.

The resolution was then put and agreed to.

Mr. CRISP moved, and Mr. BEANE seconded,—"That the Chairmen of all Branch Associations (whether county or district) be members of the Council *ex officio*.

The resolution was carried unanimously.

Mr. L. HOOPER moved,—"That the President have a vote as a member of the Council in addition to his official or casting vote." He thought it was an oversight that it was not originally inserted in the laws; it was a customary regulation, and, therefore, might be considered a mere verbal alteration.

Mr. N. WELSH seconded the resolution, which was agreed to.

Dr. WILMOT, of Stroud, rose to move,—"That Branch Associations shall have the option of entertaining and discussing professional and scientific questions at their ordinary meetings, in addition to the other ob-

jects of this Association." He thought that this was a very wholesome resolution. In the country some gentlemen had many miles to ride in order to join the Association, so that it was requisite that some little interest should be added to the mere routine business of the meeting. Indeed, it was seldom that there was sufficient business to occupy the attention of the members, inasmuch as the Parent Association generally anticipated them on those great measures which were occupying the minds of the profession at large. It was his lot to preside over the District Association of Stroud, but he should not have done justice to his fellow members did he not acknowledge their kind co-operation, and their ardent desire to promote the interests of the profession in that borough. It had been his duty to ascertain the sentiments of the medical profession of Stroud in reference to the new Poor-Law, which sentiments he had transmitted to London. Generally speaking it was considered a grievous and offensive enactment, and was exciting feelings of great indignation. (*Hear, hear.*) On its introduction into that borough the profession were not in any way consulted, but certain offensive papers were circulated, dictating such terms that the honourable portion of the profession could not accede to them. In the first place an attempt was made to establish the penny-club system, but it at once met with a spirited resistance. (*Cheers.*) Since that period all the respectable members of the profession had pledged themselves to form a union among themselves. It had been unjustly said, that the object for which they had organised themselves was that of keeping up the remuneration. (*A laugh.*) The only object they had in view was that of opposing the New Poor-Law system, and thereby fulfilling the pledge they had given to their various colleges to maintain the honour of the profession. He believed, on taking a general survey of the profession in the neighbourhood of Stroud, that the New Poor-Law system operated principally on a feeling of fear. There were two or three classes of medical men in the neighbourhood to whom he was anxious to allude. In the first place there were the old practitioners who made their age and their infirmities an excuse for not joining the Association. They would probably be benefitted by the steps which the profession generally had taken, those steps having excited prejudice in the minds of many influential persons. The young and inexperienced men, who were supplying the places of those better qualified, would also probably derive benefit from that feeling. He had no doubt, however, that the public would speedily appreciate the means that had been resorted to, and that eventually the respectable portion of the profession would not be injured by them. If this Association pursued the plan which it had laid down, and of which the Branch Association in Stroud highly approved, and was anxious in every way to sanction and promote, he believed that exceedingly beneficial results would arise from it. (*Applause.*) It was in vain that country practitioners appealed to their respective colleges for protection; they had never shown the least inclination to assist their members. (*Hear, hear.*) It was, therefore, with feelings of gratitude that they hailed the formation of the *British Medical Association*. (*Applause.*)

Mr. Harrisson briefly seconded the resolution.

The Chairman, in submitting the motion for adoption, took the opportunity of stating that the Parent Society did not entertain any scientific or literary subjects. The business of the Association in London was so great that they had no occasion for it, but he thought that the introduction of such subjects might prove a rallying point of great importance in the country.

The resolution was then put and agreed to.

Mr. Farr moved, and Mr. E. Evans seconded,—"That when due notice of motion on any subject has been given, the confirmation of the minutes of Council and ordinary meetings, shall extend only to the accuracy of such minutes, and not to the reconsideration of the subjects which had been under discussion."

The resolution was then agreed to.

Mr. Eales moved, and Mr. Wagstaffe seconded,—"That new members may be proposed and elected at all meetings of the Council, and of the Association, as well as at ordinary meetings."

The resolution was agreed to.

Mr. Evans said that it was unnecessary to dilate on the merits of the late Mr. Whitmore, he therefore begged to propose,—"That — Pilcher, Esq., of Union-street, be elected to fill the office of trustee for the Benevolent Fund, vacant by the death of the late H. Whitmore, Esq."

The resolution having been unanimously passed,

The Chairman rose and said, that the next business to be brought before the meeting was the Report of the Council on the Poor-Law question; but prior to its being read he might state the steps which the Council had taken on that subject. He need scarcely state that the importance of the Poor-Law question was the rallying point of this Association,—but for that question he doubted whether the Association would have been in existence. The grievances inflicted on the profession by the New Poor-Law Bill, suggested that it was high time for them to look to their own interests. Neglected by the Colleges, and trampled upon by the Poor-Law Commissioners, nothing remained for them but to take the

matter into their own hands. How far they had acted efficiently would ultimately be seen. Subsequently to the meeting of the Association in September last he received a communication from the Secretary of the Committee appointed by the *Provincial Medical Association*, in which it was proposed that he (Dr. W.) should form one of a deputation to wait on certain Members of Parliament, with a view to getting the matter brought under the consideration of the New Poor-Law Parliamentary Committee. He joined these gentlemen, who at that time had chosen Mr. Serjeant Talfourd to represent their interests in Parliament. The learned Serjeant thought there was no possibility of introducing with success a separate bill relating to the medical profession. Those gentlemen wished this Association to unite with their friends in the country in endeavouring to effect the end they mutually had in view. It was considered of importance that certain returns should be procured, and it was thought that they would be best obtained in the House of Lords. By the advice of Serjeant Talfourd, application was made to Lord Wharncliffe, who was informed by some one that it would require months to get the returns made, and that the expense attendant upon it to the country, would be from £500 to £600, and therefore it was in vain to press for them. Serjeant Talfourd informed them that he had received a similar answer. He (Dr. W.) then stated to the learned Serjeant that Mr. Wakley was a member of the Association, and that it was desirable that they should combine their efforts. Mr. Serjeant Talfourd replied that he thought Mr. Wakley the fittest person to bring the question forward, and that he would give him his co-operation. (*Applause.*) Mr. Wakley was waited upon, and Mr. Farr, one of the Council, drew up a schedule of the returns required. Mr. Wakley saw Lord John Russell upon the subject, and by good management, induced his Lordship to grant them. He (Dr. W.) was fully convinced than no other man could have procured the returns in the House of Commons, than Mr. Wakley. (*Cheers.*) Mr. Wakley himself went down to the Poor-Law Commissioners, who showed every inclination to grant those returns, and, indeed, added one or two other particulars. He (Dr. W.) understood that the Commissioners expressed pleasure at the returns being made, this being a question which had greatly annoyed them. Mr. Chadwick expressed as much to him twelve months ago, and stated, that it was the *questio vexata*; that there was no pleasing medical men (*laughter*); that the Commissioners had experienced more trouble on that subject than from any other part of the question. He believed that from the energy which had been displayed, the Commissioners were willing to adopt any well-adjusted plan that could be brought forward. Mr. Chadwick also informed him, that it would be necessary to compel some of the medical men to make the returns; and he farther stated that another return should be drawn up with respect to the cases of disease, and which he promised to forward when it was properly made out. (*Applause.*) He (Dr. W.) was desirous of giving honour where honour was due. At the last general meeting of the Association, a petition was agreed to against the Poor-Law system, praying that an inquiry might be instituted into it; that petition was referred to the Poor-Law Committee of the House, so that, in reality, the profession were fairly before Parliament. He believed, after the Easter recess, several members of the Association, residing in different parts of the country, would be examined as to the allegations which had been brought forward. The plan proposed to be pursued was, he thought, a very wise one; it was simply that of bringing the circumstances before the public. It might be shown that the present mode of procedure was most oppressive to medical men, most injurious to the poor, and most unjust to the public. It was unnecessary to specify the grievances, for they were universally acknowledged. The period for action had now arrived; there was no wish to go into individual cases of hardship, no wish to attack persons, but the system must be exposed. If, however, that should fail in convincing the Poor-Law Committee of the existing evils, they must then bring forward the worst cases in proof of their assertions. He had recently received a letter from Mr. Toogood, of Bridgewater, with regard to the Bridgewater Union, and the mass of mischief which had been done there by the present Poor-Law system, according to well-authenticated evidence. That gentleman would be called before the Committee, but would confine his testimony to the medical part of the subject. Dr. Webster then read several extracts from a pamphlet, published by Mr. John Bowen, one of the Guardians of the Bridgewater Union, entitled,—"The New Poor-Law," by which some of its fatal operations on the sick and helpless poor in that Union were clearly shown. These extracts placed, in a strong point of view, the injustice which had been manifested towards the medical men in that district. In order to save the sum of £17 11s. 9d. a year, the guardians had induced an individual to remove from Newcastle to Bridgewater, by the temporary bait of £130 per annum. (*Laughter.*) In some districts the deaths which had occurred were of an appalling nature; but upon them he would make no comment. Paupers had been compelled to go into the workhouse when typhus fever was raging. He would read to the meeting a few of the names which the gentleman brought from Newcastle had given to the fever, as it existed at Bridgewater.

There was a sufficient variety of fevers to furnish employment for a new school of nosologists: there were fever, fever simple, inflammatory fever, scarlet fever, fever with irruptions, fever with cough, fever with debility, fever with great debility, typhus fever, putrid fever, &c. &c. (*Loud laughter.*) He could not refrain from stating that the labouring poor, when they could not find employment, were forced to enter a Lazar-house. Dr. W. then read a few passages from the evidence of Alfred Power, Esq., Assistant Poor-Law Commissioner,* given before the Parliamentary Committee, for the purpose of showing that that gentleman had taken on himself to recommend medical clubs, and a variety of details connected with medical subjects, while, at the same time, he acknowledged his total ignorance regarding medical affairs. Mr. Power had suggested, that under no circumstances, and in no locality, the terms of annual subscription ought to exceed the rates respectively fixed in the following scale:—

"For an individual maintaining himself or herself, 3s. per annum; for a man and his wife, 4s.; for each child in the family, (if one be subscribed for, all must,) 6d.; and for every person in the same family, above the age of 16, 2s." *(Laughter.)*

He (Dr. W.) must say, that Mr. Power's examination was the most admirable one with which he had ever met. That gentleman acknowledged that he was wrong, and that, certainly, was something. (*Laughter.*) To see a man coming forward with no qualification whatever, and interfering with a profession of which he knew nothing, and adopting a system which must be injurious to the poor, was disgusting beyond measure.

Mr. HARRISON then read the following

"*Report of the Council of the British Medical Association, containing 'Suggestions for an Amended System of Parochial Medical Relief.'*

"The question, What alterations ought to be made in the present system of affording medical relief to the sick poor has engaged much of the time and serious attention of the Council of the *British Medical Association*. They have been desirous of recommending for adoption, instead of the mode now in use, a plan which shall equally secure to the poor the fullest amount of benefits which can be conferred by medical assistance, and to the gentlemen engaged in preserving the public health a fair remuneration for the laborious services they are constantly performing.

"It has, particularly of late, been too much the custom to underrate the value of these important services. The principal results which should have been required from the faithful performance of a public medical officer's duties have been overlooked, and consequently the best means of obtaining these results have been neglected. It is for a medical man's anxious and constant watchfulness in detecting and removing the causes of diseases, and for his care and caution in preventing their occurrence and extension, that his services are chiefly valuable; but so small have hitherto been the incentives to medical men to exert themselves in the performance of duties of such incalculable importance to the community, that it affords matter for astonishment, and is a fact highly creditable to the philanthrophy of the medical profession that its members have fulfilled their varied and arduous duties so well as they have done.

"How far it has been either just or politic in the functionaries to whose care these matters have been committed, to leave affairs in which all are so deeply interested to the generosity and charity of one branch of the community, is a point upon which no doubt can exist, if but a moment's thought be bestowed upon it. It is certain that to offer to a poor and needy man the temptation to do wrong, by depressing him, or allowing him to depress the rate of remuneration for important services to a point so far beneath their just value (as the payment for the performance of medical duties has long been), is to share his crime without sharing his excuse. It is also quite evident that no paltry consideration of economy can justify such a course of proceeding.

"It is greatly to be hoped that the extended knowledge of the true interests of mankind which so eminently characterises the present time, will cause the proper remedy to be applied for these evils, and that henceforward the medical gentlemen who may be engaged to perform duties by which all classes of society are so eminently benefitted, will be allowed, in return for them, a remuneration somewhat more nearly approaching to an equivalent, than that which they have heretofore received.

"It has appeared to the Council, after a mature consideration of the various modes proposed for the remuneration of parochial medical officers, which they now offer with very great diffidence, and notwithstanding the anxious consideration that has been given by the Council to this subject, they are not prepared to say that the plan now proposed should be final. Certain returns which have been moved for in the House of Commons might induce the Council to alter or modify some of the clauses, and, if new light should be thrown on any point by these or any other means, they are willing to amend accordingly.

"1. That the best would be a salary, the amount of which ought to be calculated with reference to the number of cases attended—to the number of attendances—to

* The first portion of Mr. Power's Evidence will be found at page 858 of THE LANCET.

the number of persons receiving medical relief—to the size of the district—to the number and extent of journeys, and to the other circumstances exhibiting the real amount of professional labour actually performed.

"2. That, wherever such an arrangement may be practicable, the charge for supplying medicines should be separated from that for attendance.

"3. That, as the amount of salary must vary with the locality in each union or parish, before the election of a medical officer, the guardians of the poor be directed to appoint an assessor on their behalf to determine, with another appointed by the medical candidates, the amount of salary which ought to be paid for that union or parish; and, provided such assessors be unable to agree, that they be directed to apply to a neighbouring magistrate, whose award shall be final.

"4. That at the end of every third year a new assessment be made in each union or parish of the value of the labour performed by the medical officer during the three years last preceding; and that for this purpose two assessors be appointed, one by and on the part of the guardians, and the other by and on behalf of the medical officer, to determine upon such value, and that the amount agreed upon by them be the sum to be paid the medical officer for the three years next ensuing.

"5. That separate charges be allowed to be made for midwifery, for fractures, dislocations, and for the capital operations in surgery, and for vaccinations; the amount for each to be agreed upon by the assessors.

"6. That for the care of workhouses the medical attendant should be paid a sum proportionate to the number of paupers in the house.

"7. That no medical man ought to be allowed to undertake the care of more than such a fixed number of a parochial patients, nor of any beyond such distance from his own residence, as he can reasonably be expected to attend himself, or by a legally qualified assistant; and, that if such number or distance be exceeded in any district, it ought to be divided and subdivided as may be required.

"8. That the right of electing the medical officers of unions and parishes ought to be restored to the rate-payers; and that the mode of election should be the same as that now adopted for guardians, excepting that no elector should be allowed to have more than one vote.

"9. That the power of suspending any medical officer from the performance of his duties must be permitted to remain with the guardians; but that as no non-professional man can be a competent judge of professional efficiency or incompetency, and scarcely of the diligent or negligent performance of his duties by a medical officer, the Council feels the necessity of recommending the appointment of some medical board of supervision, to which alone should be confided the power of disposing of all cases of complaints against medical officers; that it is not so much to the mode of electing such a board that the Council attach importance, as it is to the principle of the necessity for its existence, which they, therefore, now earnestly desire to recognise and admit."

Mr. BRADY, in moving that the Report be agreed to, said that there could be no doubt that the harassing persecution carried on by the Poor-Law Commissioners and their deputies against the medical profession, was mainly attributable to want of mutual confidence among medical men. Had they been in a state of union they would have been more prepared to resist the insults offered them,—they would have presented such a front that no medical man would have dared to degrade himself, or his profession, by accepting the terms which had been proposed. Had they been united at the time the Poor-Law Bill was passed, was it credible that either the Government or Parliament would have dared to pass a measure so unjust to the profession, and so prejudical to the poor—who were daily and hourly dying for want of that medical relief which every Englishman ought to be allowed in the time of sickness and distress. In large unions, covering a considerable space of ground, how was it possible that a medical man, who was only paid 2s. or 3s. per annum per case, whether the case occupied three hours, three weeks, or three months, could give up his time in order to do justice to the sufferer.

Dr. ROWE, of Chigwell, in seconding the adoption of the Report, confirmed what had been stated with regard to the payment for paupers—the price had been 2s., 1s., and 6d. per annum. A meeting of the Board of Guardians of the Epping Union was held on Friday last, to arrange the medical contract for the ensuing year, and in their mighty liberality, they had thought proper still to act on Mr. Power's suggestions, but to add an extra 6d. for the children, and also 6d. for the man and his wife. (*Laughter.*) When the measure was first repudiated by the medical men of that district it was followed up by an advertisement, in which the Commissioner held out to candidates that if they chose to come to Epping they would probably receive about £100 or £120 per annum, as a remuneration for attending on the paupers. The first candidate who came remained seven weeks, during which time he received £9 for his services. (*Laughter.*) The next was there about a year and a half (*hear, hear*), and stated that during that time he received about £45; he had had the care of three parishes, together with that of the workhouse. His successor

was also appointed to the workhouse which had been newly erected. This gentleman was suffering from cataract, but the guardians thought themselves bound to continue his services, inasmuch as he came to them in the hour of their distress (*laughter*), in consequence of the rejection of their terms by two talented and respectable practitioners residing at Epping. Dr. Rowe concluded by adducing several examples of the annoyances to which he was subjected, while acting as a medical officer under the board, and of the trifling remuneration offered to him for his services.

Mr. HILLES said that he considered the system of tender peculiarly degrading to the members of a liberal profession. It would naturally occur to the mind, that a profession ought to be distinguished from a trade, but such was not the view of the Poor-Law Commissioners. An advertisement had lately appeared in the "Morning Chronicle," in which it was stated that it would be the duty of the medical man to supply trusses. (*Laughter.*) Hereafter they would probably have to supply wooden-legs and crutches. He then read several extracts from the evidence of E. Gulson, Esq., livered before the Poor-Law Committee of the House of Commons, as published in THE LANCET of the 3rd inst., for the purpose of showing the views of the Commissioners on the subject of tenders. He would ask whether those Commissioners obtained their appointments by tender. Provision was made, at the present day, for the encouragement of arts and sciences; that was a mode of expending the public money which he was not inclined to deprecate;—but why was a miserable system of economy to be resorted to with regard to the medical profession? The Secretary for the Home Department had stated, that one object which Government had in view in passing the New Poor-Law, was to throw the poor on their own resources. But Lord John Russell was, or ought to be, aware that the poor were taxed to such an extent that it was impossible for them, out of their scanty earnings, to make provision for periods of sickness.

Mr. FARR said, in illustration of Mr. Power's scale of remuneration, that the medicine for one hundred prisoners in the Irish gaols cost £37 9s. a year; it was supplied by the *Apothecaries' Company*. Medical attendance was a separate item, and averaged £78 for one hundred prisoners. He presumed that not more than 5 per cent. of those prisoners were constantly sick. During seven years, namely, from 1829 to 1835, there had been 3692 prisoners in the Irish gaols, and the average cost of medicine annually was £1358 12s. That calculation had been deduced from the returns made by the inspectors of prisons. It was impossible, at the rate fixed by the Poor-Law Commissioners, to supply the poor with medicine of proper value, or ordinary efficacy. He had heard of a gentleman in the country who had discovered that saltpetre was equally cheap and efficacious in influenza. (*Laughter.*) It would be impossible to supply opium and other medicines at double the amount allowed by the Commissioners, independant of anything for attendance.

The CHAIRMAN said, he had had put into his hands something like official returns as to the supply of medicines for the army; for 89,000 soldiers, sick and well, and he believed the proportion of the former to the latter was under five per cent, £11,200 was voted for medicine and medical appliances alone, during the past year. Hence it appeared that, with regard to public servants, with regard to felons, and even murderers, the poor, the honest and industrious poor, were treated ten thousand times worse. He could not but feel indignant when he looked at the present system. It had been justly remarked by Mr. Hilles, that the resources of the poor were first taken from them, and then they were thrown on the humanity of medical men. The whole system was one of paltry economy, degrading to a Christian nation in every respect. The dead told no tales; but he was convinced, that if a proper investigation took place, it would be found that many sick poor had died from the want of proper medical appliances. He would not say directly, but through, the inefficient means resorted to. He thought it not unlikely that a public meeting of the profession might shortly be called on this subject; indeed, he thought it advisable that such a meeting should take place, and then the suggestions contained in the Report which had just been read might be brought prominently forward. He was quite sure that the respectable part of the profession were of one heart and one mind on this subject.

The Report was then adopted, and a vote of thanks having been passed to the Chairman, who briefly expressed his acknowledgments, the meeting separated.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 13, 1838.

Dr. BRIGHT, President.

Description of a Cyst found at the under Surface of the Liver. By Dr. TRAVERS COX, of Yarmouth.

THE patient, a muscular man of thirty-two years of age, came under the observation of the author in 1832, while suffering from ascites, for which he was tapped, when twenty-one quarts of fluid, resembling bile in consistence and colour, were drawn off. The patient afterwards took iodine and

diuretics, and no fresh accumulation of fluid took place; he continued at work as a coal-heaver from this time till April, 1836, when pulmonary disease manifested itself, and he died of hæmoptysis in November last.

On examination of the body after death, a large distended cyst was discovered at the under surface of the liver, attached by a small portion of its surface to the right of the gall bladder, and in front of the transverse fissure. The cyst was four times the size of the gall-bladder, and contracted in its centre, where it was cartilaginous, and was found to contain a gelatinous mass composed of concentric layers capable of being unrolled from each other. The outermost of these was nearly transparent, those in the centre being opaque. Between these fibrous layers, lay here and there small pieces of a substance resembling wax and vermillion, prepared for injecting arteries in the dissecting room, both in consistence and colour.

Mr. PERRY said, the red matter mentioned as having been found in this case, was so like that which is used for injecting dead bodies, that he wrote to Dr. Cox to inquire if the patient's body had been injected, and received an answer in the negative.

Dr. BRIGHT said, that, from the history of the case, and the description of the contents of the sac, there could be little doubt that the cyst was hydatiginous. Most practitioners had seen hydatid cysts in the liver, the contents of which seemed like a mould of the cavity which contained them, as instanced in the present case. It would appear that, in this case, the cyst was punctured during the operation, and that it afterwards collapsed.

Mr. ARNOTT believed that it was a generally entertained opinion that puncturing a cyst of this kind, in an uninflamed state, was a practice attended with some risk. He had never seen a case in which such puncture was intentionally made, but he recollected an instance in which a boy, while fighting, received a blow which proved fatal in a few hours. On examining the body, a cyst was found to have been ruptured in the liver.

Dr. BRIGHT had met with cases in which the rupture of cysts proved fatal. He had seen other instances in which the contents of the cyst had escaped into the abdomen, and the hydatids increased in number. He had only seen one case in which an hydatid cyst was punctured, and in this instance the patient died. In cases where the cysts had been punctured, and the patients did well, the matter which came away did not present the character of hydatid, but was a clear fluid. There was no reason, however, to believe that, in these cases, the cysts did not contain hydatids, for the drawing off of this fluid might leave the cyst in such a condition as to destroy the hydatids within, and prevent their refilling, as was exemplified, he thought, in Dr. Cox's case.

Mr. CROSSE (of Norwich) mentioned the case of a boy, ten years of age, who received a blow in the abdomen which proved fatal at the end of two days. On examination, a cyst, capable of holding ten or twelve ounces, was found connected with the under surface of the liver. The cyst was ruptured to the extent of several inches, and its contents had escaped into the abdomen.

Mr. THURNAM had seen two cases in which the contents of the sacs were very similar to those observed in Dr. Cox's case. The peculiar injection-like matter was present. One of these cysts was on the surface of the liver, the other in the substance of the organ.

Observations on the Dislocation of Phalanges of the Fingers and Toes. By JOHN P. VINCENT, Esq., Surgeon to St. Bartholomew's Hospital.

The object of the author, in this paper, is two-fold:—First, to point out the principles upon which the reduction of the phalanges of the fingers and toes should be conducted; and, secondly, to call the attention of surgeons to the manner in which the force of that portion of the muscles which remains uninjured, may be made to co-operate with their efforts in the reduction of dislocations in general. With reference to the former point, the author insists strongly on the propriety of extending the dislocated phalanx in a direction at right angles to the bone from which it has been dislocated, instead of employing the force in the direction of the axis of the bone.

These observations are illustrated by a diagram, in which it is shown that the lateral ligaments, supposing them to remain entire, oppose an insurmountable obstacle to the reduction in the latter direction. With regard to the second part of the inquiry, the author adduces reasons for believing that, in the reduction of other dislocations, the operator can do no more than bring the head of the bone down to the acetabulum, or glenoid cavity, after which its replacement is effected by the agency of the muscles which are commonly employed in moving the bone upon its axis. The paper concludes with some observations on the effect of position of the body in keeping fractured bones in apposition, and relates an instance of recent occurrence in *St. Bartholomew's Hospital*, of fracture of both clavicles, were no bandage at all was employed in the treatment, and the patient was discharged in a month with the bones well united.

On Perforation of the Third Lobe of the Prostate Gland. By R. A. STAFFORD, Esq., Surgeon to St. Marylebone Infirmary.

The author recommends this practice to be adopted in cases of enlargement of the third

lobe of the prostate, considering it free from danger. He relates an instance in which he had performed the operation in a man 82 years of age, in whom it appeared to him to produce no bad effect. The patient died shortly afterwards of apoplexy, when the author had an opportunity of examining the bladder.

Mr. Crosse said he must express a strong opinion on the subject of perforation of the prostate, as recommended by Mr. Stafford. He (Mr. C.) had never seen a case in which the prostate was perforated by design, but he had known it to occur by accident. In the instance of an aged person in whom there was only slight abrasion of the gland, the hæmorrhage was so great that it proved fatal. He had known another instance in which perforation of this organ caused the death of the patient. He was convinced it was a practice not unattended with danger. If the surgeon could not succeed in relieving retention of urine in a case of enlarged prostate, it might then become a question whether or not the instrument should be thrust through the gland, or the operation of puncturing the bladder above the pubis be resorted to. For his (Mr. Crosse's) part, he should be inclined to adopt the latter proceeding. We ought to think well and long before we laid down a rule of practice like that recommended in the paper; even in the case detailed, the quantity of blood lost was said to have been a pint or two; hæmorrhage to such extent, in some cases, might prove fatal.

Mr. Arnott never saw a case in which the prostate was designedly perforated. He had seen two instances in which the catheter was accidentally passed through the prostate, and the patients perished. One of these cases occurred in the practice of Dupuytren, who considered the obstruction to the passage of the catheter to result from stricture, and passed the instrument into the bladder through the prostate. The other case occurred to a London surgeon; the prostate, in this instance, was not enlarged, but was perforated by the catheter. In both cases the urine was drawn off.

Mr. Lloyd had seen a case in which the third lobe of the prostate was accidentally perforated, and caused the death of the patient. He saw no necessity for the operation proposed by Mr. Stafford; puncture above the pubis was a much more advisable operation; he had performed it on many occasions, and it was never followed by even severe symptoms. Enlargement of the prostate, and the difficulty of making water which attended it, were frequently relieved after puncturing the bladder above the pubis, a farther recommendation of this proceeding. He recollected the case of a patient who, in his youth, received some injury in the perineum, the consequence of which was so great an obstruction to the passage of the urine, that, for several years, it was passed drop by drop. About fourteen years since, complete retention took place, and it was found advisable to puncture above the pubis. So great was the relief afforded by this proceeding, that the patient had refused to allow of any attempts to restore the natural passage, and had worn a canula ever since. So far from thinking this a hardship, he often boasted of what he could do, and only the other day informed him (Mr. Lloyd) that he had jumped over a five-barred gate. When this patient wished to have connection with his wife, he removed the canula, and placed a tube in the orifice; a very slight oozing of the seminal fluid took place from the urethra, but the greater portion was evacuated with the urine the first time he made water afterwards. On one occasion he wore a canula without a shoulder, and it slipped into the bladder, the original wound was enlarged, and the pipe easily removed.

Mr. Davis recollected an instance in which a gentleman received a bayonet-wound in the prostate, and though he lived many years, died, eventually, from the mischief produced by it.

MR. NEWPORT'S SECOND REPLY TO DR. MARSHALL HALL.

To the Editor of The Lancet.

Sir:—The reply of Dr. Marshall Hall, in the last number of your Journal, in which he attempts to evade the question at issue, can but surprise your readers, who will remember, that the points of dispute are not what had been done by myself before the year 1832, but what had been done by others, and whether I had or had not derived the opinions I published subsequently to that period, from information delivered by Dr. Grant to his pupils in the class-room, in 1832-33.

I have already shown, in my last letter to your Journal, that my views respecting the structure and function of the nervous system of articulata were not derived from those of Dr. Grant; that they were not identical with his; and that the structure, which I have described as the *true motor tract*, is not that which is so described by him; and I am now further prepared to prove, that what has been described by Dr. Grant as *the true motor tract in the scorpion*, and which structure I have never so described—and Dr. Hall is well aware of this—does not belong to the nervous system.

Now, much as Dr. Hall may object to the use of the terms I have been compelled to employ in expressing my opinions of his statements, I am again obliged to repeat them, since, even in his last communication to your Journal, he has made a decided misrepresentation in his insinuation

that I have delineated a *fourth column* of nerves in my drawing in the "Philosophical Transactions," which he well knows I have never described.

But these are points of minor importance, compared with Dr. Hall's subsequent statements in the same letter, in which he accuses me of "wilful perversion of his meaning," and, in the most unhesitating manner makes assertions, which he pretends he has not time to supply facts to support; and, not content with this, without attempting to disprove my statements, continues to repeat his assertions, after the full explanation and contradiction I have given to them in my last communication. Whether there be such perversion or not, on my part, I leave your readers to judge, when they have re-compared Dr. Hall's charges with my former reply, which, I again state, is my answer to them.

The assertion, that Dr. Hall has provided me with money, amounting to 71*l.* 4*s.**, and which he appears still wishing your readers to infer was supplied by himself, I am obliged again to deny; *fifteen pounds only*, as I before stated, was lent to me by him, and was subsequently *repaid*, as the following note and receipt will prove, and not a farthing of the remainder of the sum stated was furnished from his money, he being only cashier, as I before explained, on account of his friend. The following is a copy of the receipt given by me, on a proper stamp, the last time I requested him to advance me money, and which receipt was returned with the subjoined note, when the whole sum of 15*l.* was repaid:—

(Copy.) "Received of Dr. Marshall Hall, December 10, 1822, the sum of ten pounds upon loan.

"£10 0*s.* 0*d.* GEORGE NEWPORT."

This receipt was inclosed in a note, of which the following is a copy, addressed to G. V. Ellis, Esq., in reply to one inclosing the money from myself:—

"14, Manchester-square,
Dec. 10, 1835.

"My dear Sir:—At Mr. Newport's request I send you a note belonging to Mr. Newport. Will you have the kindness to send it to him, and say that I have no other. I am, dear Sir, yours very truly,

"MARSHALL HALL."

Besides the above, Dr. Hall asserts in his last communication to your Journal, that my statement that he wished me to insert an opinion in my paper in the "Philosophical Transactions," in support of his, but at variance with my own, views, is "as malicious as it is a decided misrepresentation." I again reiterate that statement, and let Dr. Hall publish, in proof of his assertion, the copy of the note which he states he possesses; and, if he desires it, I will then afford the public an opportunity of judging between the correctness of his statement and mine, by the production of his own letters.

Whether Dr. Hall may, or may not, "venture to affirm" that the papers which the *Royal Society* have honoured me by printing in their "Transactions," contain no fact or principle of importance, which is not to be found in his own papers, or in the notes of Professor Grant's lectures in 1832, is of very little consequence; I can only state, that I am not aware that they contain anything unacknowledged, which is due to Dr. Marshall Hall or to Professor Grant.

To the assertions, respecting what Dr. Hall pleases to call "a scandalous note," in my last paper on the temperature of insects, I must remark, that the *gift* of the experiments which he speaks of as offered, and which refers to those in my paper on the respiration of insects, could not be, and were not, accepted, as Dr. Hall well knows, *because the experiments were not his to give;* and I may now remark, that no experiments which I have published in my paper on respiration, were made with any of Dr. Hall's instruments, which he sent to me to Sandwich, nor were originated by him, but were repetitions and extensions of experiments made previously to my becoming acquainted with him, in proof of which I subjoin the following letter from W. H. Weekes, Esq., of Sandwich, the gentleman unto whom I was engaged as a pupil, and who assisted me in making them:—

"High-street, Sandwich,
Dec. 5. 1836.

"My dear Sir:—I feel the most decided pleasure in certifying to the queries you have submitted to me, respecting your having been engaged on the subject of the respiration of insects, during the period that you were my pupil, and next anterior to your first visit to the metropolis, in January, 1832. I remember well the experiments on several insects, undertaken in my laboratory, with a view to ascertain the *quantity of respiration; and also with a view to ascertain the duration of life in hydrogen and other gases.* I distinctly recollect assisting you, by noting the time by my stop-watch, while you counted the number of respirations per minute, in a pupa of the *sphinx ligustri*. These observations on the pupa were made in the presence of a third person, our mutual friend. On another occasion you told me you were making experiments on the quantity of respiration in the pupa of the same insect during winter, and that you were unable to detect any carbonic acid gas expired by the insect when it had remained only one day in a glass-stoppered bottle, but when it had remained thirteen

* I have been unable to comprehend how ten times 5*l.* 8*s.* can amount, when added to the sum of 15*l.*, to the sum of 71*l.* 4*s.*, as stated by Dr. Hall.—G. N.

or fourteen days, the presence of carbonic acid was rendered very evident by testing with lime water; and upon this subject we had frequent and almost daily conversations at that period. I also know, that many other experiments, of a similar nature, were undertaken by you, both at your lodgings and in my laboratory, which are, perhaps, unnecessary to particularise. With regard to the experiments, which you told me you were making at the suggestion of Dr. Hall, I certainly did not understand that they were so especially for him, as to preclude you from still following the subject as your own. Should you require any further particulars connected with your investigations, with which I am familiar, I shall be happy to reply at any time to your inquiries, and am, dear Sir, very sincerely yours,

"W. H. WEEKES."

Most of the experiments above alluded to, on respiration, were made in the years 1829 and 1830, and the results of these I communicated to Dr. Hall when I became acquainted with him in May, 1832, before I had undertaken any at his suggestion, and subsequently wrote the letter, which he has quoted at p. 749, in full confidence in his honourable intentions.

The above letter, with other documents, in confirmation of what I have stated, was laid before the last meeting of the Council of the *Royal Society*, in vindication of my reputation, and a minute of the same has been entered on their proceedings.

I have now twice replied to Dr. Hall's accusations, and I put it to yourself, Mr. Editor, whether it be not time that this personal controversy should cease, unconnected as it is with the question of science.

I remain, Sir, your obedient servant,

GEORGE NEWPORT.

10, University-street, March 12, 1838.

MANSLAUGHTER OF A WOMAN WITH OBSTETRIC INSTRUMENTS.

To the Editor of THE LANCET.

SIR:—The only reply to your anonymous correspondent, of Leeds, in THE LANCET of the 17th inst., which we deem it necessary to make, is merely to express our surprise at his arrogance, or rather at his folly, and refer him and the profession generally to the evidence adduced upon the trial.

WM. JACKSON,
EDW. J. SHEARMAN.

Sheffield, March 19, 1838.

A correct report of the trial will be forwarded to THE LANCET.

CORRESPONDENTS.

THE length to which our Report of the Half-yearly Meeting of the British Medical Association has extended, compels us to defer, until next week, a variety of communications, from *Messrs. H. B. Burford, J. Kisch, Marshall Hall, Selwyn, J. W., Justitia, Scrutator, Amicus Justitiæ, &c.*

The extracts forwarded by *J. H. B.* have not been received.

We have been unavoidably compelled to postpone the insertion of a letter which has been forwarded to us from Mr. Wilson, of the *Leeds Medical Society*. It shall certainly appear next week.

Civis Eroniensis.—Beyond question the circular signed by Mr. J. B. T. is an unprofessional document. The letter, in full, of our correspondent could carry weight with it only if supported by the name of the writer.

A Student of University College must send his name (in confidence), and add some additional testimony to the correctness of his allegation, now repeated.

END OF VOL. I.—1837-8.

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